Fill in this in	nformation to ic	lentify your ca	se and this filing:		
Debtor 1	<u>Carolyn</u> First Name	Sonja Middle Name	Pehrson Last Name		
Debtor 2 (Spouse, if filing	g) First Name	Middle Name	Last Name		
United States B	Bankruptcy Court for	the: WESTERN	DISTRICT OF TEXAS		
Case number (if known)	16-11077			_	if this is an ed filing
Official Forr	m 106A/B				
	VB: Property	1			12/15
the asset in the filing together, is sheet to this form Part 1: D 1. Do you own No. Go	category where yo poth are equally resum. On the top of an escribe Each R	u think it fits bes sponsible for sup ny additional pag esidence, Bui or equitable inte	List an asset only once. If an a t. Be as complete and accurate a plying correct information. If mo es, write your name and case nuted in the case of	s possible. If two married pe re space is needed, attach a s mber (if known). Answer eve Estate You Own or Have	ople are separate ry question.
	n Grand View Wa	ay #8212 Check tion □ Si	is the property? all that apply. ngle-family home uplex or multi-unit building	Do not deduct secured clain amount of any secured clain Creditors Who Have Claim. Current value of the	ms on Schedule D: s Secured by Property. Current value of the
Austin City		750 M	ondominium or cooperative anufactured or mobile home and	entire property?	portion you own?
			vestment property meshare ther	Describe the nature of yo interest (such as fee simp entireties, or a life estate)	le, tenancy by the
County		Ш Who h	nas an interest in the property?	Leasehold Interest	
			one. Sebtor 1 only Sebtor 2 only Sebtor 1 and Debtor 2 only Least one of the debtors and anoth	Check if this is comm (see instructions)	unity property
			information you wish to add aborty identification number:	ut this item, such as local	_
			all of your entries from Part 1, in Write that number here		\$0.00
Part 2: D	escribe Your V	ehicles		•	
Do you own, lea	se, or have legal o	r equitable intere	st in any vehicles, whether they a cle, also report it on Schedule G: Ex	_	-
3. Cars, vans,	trucks, tractors, s	port utility vehicle	es, motorcycles		
□ No ☑ Yes					

Debt	tor 1 Carolyn		Pehrson C	Case number (if known)	-11077
3.1. Mak		Honda	Who has an interest in the property? Check one.	Do not deduct secured cl amount of any secured c	laims or exemptions. Put the
Mod			Debtor 1 only		ims Secured by Property.
		Odyssey	Debtor 2 only	Current value of the	Current value of the
Year		2005	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	roximate mileage:	120,000	At least one of the debtors and anoth	er \$6,337.50	\$6,337.50
	-	ey (approx. 120000	Check if this is community property (see instructions)	у	
Sou	rce of Valuation dition: Fair	n: NADA	(**************************************		
3.2.			Who has an interest in the property?	Do not deduct secured c	laims or exemptions. Put the
Mak	e:	Honda	Check one.	amount of any secured c	
Mod	el:	CRV	✓ Debtor 1 only		ims Secured by Property.
Year	.	2012	Debtor 2 only Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
Appr	roximate mileage:	55,000	At least one of the debtors and anoth		•
Othe	er information:		7 to loads one of the debtere and arrear	φ13,412.50	\$13,412.30
201: mile	2 Honda CRV (a es)	approx. 55000	Check if this is community property (see instructions)	у	
	rce of Valuation dition: good	n: NADA			
4.			and other recreational vehicles, other value watercraft, fishing vessels, snowmobiles		
	✓ No ☐ Yes				
5.		• •	own for all of your entries from Part 2, in Part 2. Write that number here	_	\$21,750.00
Pa	art 3: Descr	ibe Your Personal	and Household Items		
Do y	ou own or have a	any legal or equitable in	terest in any of the following items?		Current value of the portion you own? Do not deduct secured claims or exemptions.
6.	_	s and furnishings appliances, furniture, line	ens, china, kitchenware		
	☐ No ☐ Yes. Describ	e See continuatio	n page(s).		\$12,921.00
7.	•		video, stereo, and digital equipment; comp evices including cell phones, cameras, med		
	No✓ Yes. Describ	e 3 televisions (\$1	00), computer/tablet (\$200), DVD pla	ayer (\$25), 2 rokus (\$20)	\$345.00
8.		ues and figurines; paintin	gs, prints, or other artwork; books, pictures collections; other collections, memorabilia,	•	
	✓ No ☐ Yes. Describ	e			
9.	Examples: Sports		, and other hobby equipment; bicycles, poctools; musical instruments	ol tables, golf clubs, skis;	
	✓ No✓ Yes. Describ	e			

Deb	tor 1	Carolyn	Sonja	Pehrson	Case number (if known)	16-11077
	Ē	First Name	Middle Name	Last Name	<u> </u>	
10.	Firearms Example		, shotguns, ammuniti	on, and related equipment		
	✓ No ☐ Yes.	Describe				
11.	Clothes	s: Evenday do	thee fure leather co	ate designer wear shoes a	ccassarias	
	□ No			ats, designer wear, shoes, a	ccessories	
40	_	Describe S	ee continuation p	page(s).		\$900.00
12.	Jewelry Example	s: Everyday jew gold, silver	elry, costume jewelry	/, engagement rings, weddin	g rings, heirloom jewelry, watches,	gems,
	□ No ✓ Yes.	Describe S	ee continuation p	page(s).		\$1,510.00
13.	Example	n animals s: Dogs, cats, b	irds, horses			
	☐ No Yes.	Describe 2	cats			\$1.00
14.	Any other	-	household items y	ou did not already list, incl	uding any health aids you	
		Give specific				
	infori	mation				
15.				om Part 3, including any e		→ \$15,677.00
Pa	art 4:	Describe Yo	our Financial As	sets		
Doy	you own o	or have any leg	al or equitable inter	est in any of the following	•	Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	Cash Example	s: Money you ha	ave in your wallet, in	your home, in a safe deposi	t box, and on hand when you file yo	ur
	□ No ✓ Yes.				Cash:	\$0.00
47	_					
17.	-		uses, and other simi		deposit; shares in credit unions, nultiple accounts with the same	
	□ No ☑ Yes.		. Instituti	ion name:		
	17.1	I. Checking a	ccount: Wells	Fargo, Checking accou	nt	\$1,000.68
	17.2	2. Savings acc	count: Wells	Fargo, Savings account	<u>:</u>	\$1,645.24
18.			r publicly traded sto	ocks with brokerage firms, money	/ market accounts	
	Lxampio			man brokerage mine, mene	market accounts	

Deb	tor 1	Carolyn	Sonja	Pehrson	Case number (if known)	16-11077
		First Name	Middle Name	Last Name		
19.	-	publicly traded stock terest in an LLC, par		•	orporated businesses, including	
	in in	lo Yes. Give specific Information about Inem	Name of entity:		% of owners	rhip:
20				or negotiable and non-ne		
20.	Nego	tiable instruments incl	ude personal chec	•	missory notes, and money orders. by signing or delivering them.	
	in in	lo Yes. Give specific Information about Inem	Issuer name:			
21.		ement or pension ac aples: Interests in IRA profit-sharing pl	, ERISA, Keogh, 4	01(k), 403(b), thrift savinզ	gs accounts, or other pension or	
	ш	es. List each	Type of account:	Institution name:		
22.	Your : Exam		eposits you have m	•	tinue service or use from a company ectric, gas, water), telecommunications	
		lo 'es		Institution name or indiv	ridual:	
		Security dep	oosit on rental unit:	Security deposit on	rental unit	\$250.00
23.	Annu	ities (A contract for a	a specific periodic	payment of money to you	, either for life or for a number of years)
	□ Y	lo 'es	Issuer name and	description:		
24.		ests in an education S.C. §§ 530(b)(1), 529			ogram, or under a qualified state tuit	ion program.
	☑ Y		Institution name	and description. Separate	ely file the records of any interests. 11	U.S.C. § 521(c)
25.	Trust	s, equitable or future	e interests in prop		ng listed in line 1), and rights or	(1)
	•	ers exercisable for yo	our benefit			
		es. Give specific formation about them	ı			
26.				rets, and other intellector proceeds from royalties a	ual property; and licensing agreements	
	_	lo 'es. Give specific Iformation about them	ı			
27.		nses, franchises, and nples: Building permits			on holdings, liquor licenses, profession	al licenses
		lo 'es. Give specific nformation about them	ı			

Deb	tor 1	Carolyn		onja	Pehrson	_ Case number (if known)	16-11	077
		First Name	Mic	ldle Name	Last Name			
Mor	ney or p	roperty owed to	you?					Current value of the portion you own? Do not deduct secured claims or exemptions.
28.	Tax re	funds owed to ye	ou					
	☑ No							
		s. Give specific i out them, includin					Federal	
	yo	u already filed the d the d the tax years	returns				State:	\$0.00
	an	u tile tax years					Local:	\$0.00
29.	Examp		lump sun	n alimony, spo	ousal support, child support, ma	intenance, divorce settlement,	property	/ settlement
	<u> </u>	s. Give specific i	nformatio	on		Alimony:		\$0.00
						Maintenand	e:	\$0.00
						Support:		\$0.00
						Divorce set	tlement:	\$0.00
						Property se	ttlement	\$0.00
31.	Interes	s. Give specific i sts in insurance les: Health, disal	nformation	on	efits; unpaid loans you made to health savings account (HSA);		s insura	nce
		s. Name the insumpany of each po						
		d list its value	-	Company na	me:	Beneficiary:	Su	rrender or refund value:
				John Hance policy	ock term life insurance	Husband		\$1.00
					ock term life insurance	- Indobalia		<u> </u>
				policy		Wife		\$1.00
32.	If you a entitled	are the beneficiary I to receive prope	y of a livi rty becau	ng trust, expe use someone	n someone who has died ct proceeds from a life insuranc has died	e policy, or are currently		
33.	Examp ✓ No	oles: Accidents, e	mployme	ent disputes, ir	you have filed a lawsuit or manurance claims, or rights to such			
34.		contingent and u	ınliquida	ited claims of	every nature, including coun	terclaims of the debtor and		
	✓ No	s. Describe each	ı claim					
35.	Any fir	nancial assets yo	ou did no	ot already list				
	✓ No	s. Give specific i	nformatio	on				

Deb		Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number (if known) 16-	11077
36.			f all of your entries f	rom Part 4, including any e	entries for pages you have	\$2,897.92
P					n or Have an Interest In. List an	v real estate in Part 1
	art 5	CSCIIDE AII	y Business-Kela	tea i roperty roa ow	ii oi mave an interest iii. List an	y real estate in rare i.
37.	Do you	own or have a	ny legal or equitable	interest in any business-	related property?	
		Go to Part 6. Go to line 38.				
						Current value of the portion you own? Do not deduct secured claims or exemptions.
38.	Account	s receivable o	or commissions you	already earned		
	✓ No ☐ Yes.	Describe				
39.		s: Business-re	nishings, and supplied elated computers, soft rs, electronic devices		piers, fax machines, rugs, telephones,	
	✓ No ☐ Yes.	Describe				
40.	Machine	ry, fixtures, e	quipment, supplies y	ou use in business, and t	cools of your trade	
	✓ No ☐ Yes.	Describe				
41.	Inventor	у				
	✓ No ☐ Yes.	Describe				
42.	Interests	in partnershi	ips or joint ventures			
	✓ No ☐ Yes.	Describe	Name of entity:		% of ownership:	
43.	Custome	er lists, mailin	g lists, or other com	pilations		
	✓ No ☐ Yes.	Do your lists No Yes. Des		dentifiable information (a	as defined in 11 U.S.C. § 101(41A))?	
44.	Any bus	iness-related	property you did not	already list		
	✓ No ☐ Yes.	Give specific	information.			
45.					entries for pages you have	\$0.00
P				nmercial Fishing-Rela n farmland, list it in Par	ated Property You Own or Have a t 1.	an Interest In.
46.	Do you	own or have a	ny legal or equitable	interest in any farm- or c	ommercial fishing-related property?	
	· ·	Go to Part 7. Go to line 47.				

Deb	tor 1	Carolyn	Sonja	Pehrson	Case number (if known)	16-11077
		First Name	Middle Name	Last Name		Current value of the portion you own? Do not deduct secured claims or exemptions.
47.	Farm a		oultry, farm-raised fish			
	✓ No ☐ Yes					
48.	Crops-	-either growing	or harvested			
	_	s. Give specific ormation				
49.	Farm a	ınd fishing equip	oment, implements, m	achinery, fixtures, and too	els of trade	
	✓ No ☐ Yes					
50.	Farm a	and fishing supp	lies, chemicals, and f	eed		
	✓ No ☐ Yes					
51.	Any fa	rm- and commer	cial fishing-related pr	operty you did not already	/ list	
		s. Give specific				
52.				m Part 6, including any en		→ \$0.00
Pa	art 7:	Describe All	Property You Ow	n or Have an Interest	in That You Did Not List A	pove
53.	-		perty of any kind you ets, country club memb	_		
	✓ No ☐ Yes	s. Give specific i	nformation.			
54.	Add th	e dollar value of	all of your entries fro	m Part 7. Write that numb	er here	→ \$0.00

Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case nu	mber (if known)	16-1	1077	
Part 8:	List the Tota	lls of Each Part of	this Form					
55. Part 1	: Total real estat	e, line 2				→		\$0.00
56. Part 2	: Total vehicles,	line 5	_	\$21,750.00				
57. Part 3	: Total personal	and household items,	line 15	\$15,677.00				
58. Part 4	: Total financial	assets, line 36	_	\$2,897.92				
59. Part 5	: Total business	-related property, line	45 _	\$0.00				
60. Part 6	: Total farm- and	fishing-related prope	rty, line 52	\$0.00				
61. Part 7	: Total other pro	perty not listed, line 5	4 +_	\$0.00				
62. Total	personal propert	ry. Add lines 56 throu	gh 61	\$40,324.92	Copy personal property total	→	+	\$40,324.92
63. Total	of all property or	n Schedule A/B. Add	l line 55 + line 62					\$40,324.92

Debtor 1	Carolyn	Sonja	Pehrson	Case number (if known)	16-11077
	First Name	Middle Name	Last Name		

6. Household goods and furnishings (details):

Debtor 1 Carolyn Sonja Pehrson Case number (if known) 16-11077 First Name Middle Name Last Name Items in storage at Cook Moving Systems \$9,241.00 **Buffalo, New York** 1 Elliptical Trainer (old) (\$10.00) 1 Harvest Bench (\$10) 1 Bakers Rack (\$60) 2 CD/DVD Rack (\$1) 2 Table, End (\$50) 3 Toolchest (\$50) 1 Desk, Secretary (\$250) 6 Book Boxes (\$25) 13 3.0 Cu ft Boxes of clothes, throws, pillows, blankets, lamp shades (\$130) 1 Sofa, Loveseat (\$100) 1 Plant Stand (\$10) 1 Chair, Occasional (\$150) 1 Table (\$25) 1 Artificial Plant (\$10) 4 3.0 Cu ft Boxes kitchen stuff (\$120) 1 Antique wall hanging (\$100) 1 kid Bicycle (\$5) 1 Stepstool (\$5) 4 1.5 Cu ft Boxes of misc garage (\$20) 6 3.0 Cu ft Boxes of misc garage (\$60) 2 Night Table (\$50) 1 Bed, Queen (\$100) 1 1.5 Cu ft Boxes of linens clothes (\$10) 2 3.0 Cu ft Boxes of linens clothes(\$40) 2 Toy, Large (\$50) 2 1.5 Cu ft Boxes clothes(\$20) 5 3.0 Cu ft Boxes clothes (\$100) 5 4.5 Cu ft Boxes clothes jackets (\$100) 1 Telescope (\$50) 1 Filing Cabinet (\$10) 2 Plant Stand (\$10) 1 Floor Lamp (\$5) 1 Chair (\$50) 1 Desk, Office (\$20) 6 Book Boxes (\$10) 4 1.5 Cu ft Boxes (\$25) 13 3.0 Cu ft Boxes computer monitor and misc. (\$200) 3 Mirror Cartons and art work (\$500) 1 Dresser, Double (\$90) 1 Chest, Armoire (\$100) 1 Rug, 8x10 (\$25) 1 Floor Lamp (\$5) 1 Bed, Queen (\$200) 1 Chair, Rocker (\$250) 2 Night Table (\$50) 2 Queen Mattres (\$200) 4 1.5 Cu ft Boxes (\$40) 7 3.0 Cu ft Boxes pillows linens clothes(\$100) 1 3.0 Cu ft Boxes TV Wii game (\$100) 4 4.5 Cu ft Boxes clothes (\$100) 2 Mirror Cartons (\$50) 2 Dining Chair (\$10) 2 Stool, Bar (\$10) 1 Rug, 8x10 (\$25) 1 Dining Table (\$50) 4 Dishpacks china (\$1000) 5 1.5 Cu ft Boxes dishes (\$50) 6 3.0 Cu ft Boxes dishes (\$120)

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Debtor 1 Carolyn Sonja Pehrson Case number (if known) 16-11077

| Items in storage at McCollistor Buffalo, New York | Sonja Pehrson Last Name | Case number (if known) | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11077 | | 16-11

60 3.0 Cu ft boxes with miscellaneous books, clothing, kitchenare, household goods (\$500.00)

I silver set (\$2500) Debtor is unsure. The value fluctuates

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Debtor 1	Carolyn	Sonja	Pehrson	Case number (if known)	16-11077		
	First Name	Middle Name	Last Name				
	2 chairs (\$25), tv stand/cabinet (\$25), pots and pans (\$25), dishes (\$25), glassware (\$10), silverware (\$20), 3 chairs with table (\$25), towels and linens (\$25)						

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Debtor 1	Carolyn	Sonja	Pehrson	Case number (if known)	16-11077	
	First Name	Middle Name	Last Name			
1 Rem	nington Shot Gun	(\$500)				\$500.00

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Deb	tor 1	Carolyn	Sonja	Pehrson	Case number (if known)	16-11077	
		First Name	Middle Name	Last Name			
11.	Clothe	s (details):					
	Man's	clothing					\$300.00
	Woma	an's clothing					\$300.00
	Deper	ndant's clothing					\$300.00
12.	Jewelr	y (details):					
	Woman's jewelry: wedding ring (\$500), various costume jewelry (\$100), necklace earrings (\$50), bracelet (\$100), rings (\$160)				0), necklaces (\$50),		\$960.00
	weddi	ing ring (\$500), ned	cklace (\$50)				\$550.00

Fill in this in	formation to i	dentify your	· case:			
Debtor 1	Carolyn	Sonja	Pehrson			
Debtor 2	First Name	Middle Nar				
(Spouse, if filing		Middle Nar		- \ / • /		
		r the: WESTE	RN DISTRICT OF TE	:XA	<u> </u>	Check if this is an
Case number (if known)	<u>16-11077</u>					amended filing
Official Forn	n 106C					
Schedule C	: The Prope	erty You C	laim as Exemp	ot		04/10
Using the property space is needed,	y you listed on Sci	nedule A/B: Pro to this page as	perty (Official Form 10	6A/B	as your source, list th	responsible for supplying correct information. are property that you claim as exempt. If more essary. On the top of any additional pages,
s to state a spece exempted up to the eceive certain be exemption of 100	cific dollar amoun the amount of any enefits, and tax-e 0% of fair market	t as exempt. A applicable sta xempt retirema value under a	Alternatively, you may atutory limit. Some ex ent fundsmay be unl	claii cemp imite mpti	n the full fair market tionssuch as those d in dollar amount. on to a particular dol	you claim. One way of doing so value of the property being for health aids, rights to However, if you claim an lar amount and the value of the ole statutory amount.
Part 1: Id	entify the Prop	erty You Cl	laim as Exempt			
. Which set o	f exemptions are	you claiming?	Check one only,	even	if your spouse is filing	with you.
	•		unkruptcy exemptions. U.S.C. § 522(b)(2)	11 U	S.C. § 522(b)(3)	
	-		that you claim as exer	nnt. f	ill in the information	helow
Brief description	of the property a	nd line on	Current value of the portion you own	Am	ount of the mption you claim	Specific laws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption	
Brief description:			\$6,337.50	$\overline{\mathbf{Q}}$	\$3,073.50	11 U.S.C. § 522(d)(2)
niles) Source of Valu Condition: Fair	•				100% of fair market value, up to any applicable statutory limit	
	claimed for this	s asset)				
ine from Schedu	ıle A/B:					
-	-	-	f more than \$160,375° years after that for cas		ed on or after the date	of adjustment)
☑ No	id you acquire the		ed by the exemption wit			

Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number	r (if known)	16-11077
Part 2:	Additional	Page				
	ription of the pro A/B that lists this	perty and line on property	Current value of the portion you own	 ount of the mption you claim	Specific I	laws that allow exemption
			Copy the value from Schedule A/B	eck only one box for th exemption		
miles) Source of Conditior (2nd exer	da Odyssey (ap	DA for this asset)	\$6,337.50	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C	C. § 522(d)(5)
Source of Condition (1st exem	da CRV (appro f Valuation: NA	DA for this asset)	\$15,412.50	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C	C. § 522(d)(2)
Source of Condition (2nd exer	da CRV (appro f Valuation: NA	DA for this asset)	\$15,412.50	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C	C. § 522(d)(5)

Debtor 1 Carolyn Sonja Pehrson Case number (if known) 16-11077 First Name Middle Name Last Name Part 2: **Additional Page** Brief description of the property and line on **Current value of** Amount of the Specific laws that allow exemption Schedule A/B that lists this property exemption you claim the portion you Copy the value from Check only one box for Schedule A/B each exemption Brief description: \$9,241.00 \$0.00 11 U.S.C. § 522(d)(3) \square Items in storage at Cook Moving Systems 100% of fair market П **Buffalo, New York** value, up to any applicable statutory limit 1 Elliptical Trainer (old) (\$10.00) 1 Harvest Bench (\$10) 1 Bakers Rack (\$60) 2 CD/DVD Rack (\$1) 2 Table, End (\$50) 3 Toolchest (\$50) 1 Desk, Secretary (\$250) 6 Book Boxes (\$25) 13 3.0 Cu ft Boxes of clothes, throws, pillows, blankets, lamp shades (\$130) 1 Sofa, Loveseat (\$100) 1 Plant Stand (\$10) 1 Chair, Occasional (\$150) 1 Table (\$25) 1 Artificial Plant (\$10) 4 3.0 Cu ft Boxes kitchen stuff (\$120) 1 Antique wall hanging (\$100) 1 kid Bicycle (\$5) 1 Stepstool (\$5) 4 1.5 Cu ft Boxes of misc garage (\$20) 6 3.0 Cu ft Boxes of misc garage (\$60) 2 Night Table (\$50) 1 Bed, Queen (\$100) 1 1.5 Cu ft Boxes of linens clothes (\$10) 2 3.0 Cu ft Boxes of linens clothes(\$40) 2 Toy, Large (\$50) 2 1.5 Cu ft Boxes clothes(\$20) 5 3.0 Cu ft Boxes clothes (\$100) 5 4.5 Cu ft Boxes clothes jackets (\$100) 1 Telescope (\$50) 1 Filing Cabinet (\$10) 2 Plant Stand (\$10) 1 Floor Lamp (\$5) 1 Chair (\$50) 1 Desk, Office (\$20) 6 Book Boxes (\$10) 4 1.5 Cu ft Boxes (\$25) 13 3.0 Cu ft Boxes computer monitor and misc. (\$200) 3 Mirror Cartons and art work (\$500) 1 Dresser, Double (\$90) 1 Chest, Armoire (\$100) 1 Rug, 8x10 (\$25) 1 Floor Lamp (\$5) 1 Bed, Queen (\$200) 1 Chair, Rocker (\$250)

Official Form 106C

Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name		Case number	(if known)	16-11077	
Part 2:	Additional	Page						
	cription of the pro	•	Current value of the portion you own		ount of the mption you claim	Specific laws that allow exemption		
			Copy the value from Schedule A/B	• • •				
Brief description: Items in storage at McCollistor Buffalo, New York			\$3,000.00		\$2,200.00 100% of fair market value, up to any	11 U.S.C. § 522(d)(3)		
60 3.0 Cu ft boxes with miscellaneous books, clothing, kitchenare, household goods (\$500.00)				applicable statutory limit				
value flu		or is unsure. The						
and pan (\$10), sil (\$25), to	(\$25), tv stand/c s (\$25), dishes (\$	chairs with table (\$25)	\$180.00		\$180.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C	. § 522(d)(3)	
	cription: gton Shot Gun (S Schedule A/B:	-	\$500.00		\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C	. § 522(d)(5)	
(\$200), E (1st exe	ions (\$100), com DVD player (\$25) mption claimed f	, 2 rokus (\$20)	\$345.00		\$345.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C	. § 522(d)(3)	
(\$200), E (2nd exe	ions (\$100), com DVD player (\$25) emption claimed	, 2 rokus (\$20)	\$345.00		\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C	. § 522(d)(5)	
	•		\$300.00		\$300.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C	. § 522(d)(3)	
-	othing emption claimed	for this asset) 11	\$300.00		\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C	. § 522(d)(5)	

Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case numbe	r (if known) _	16-11077
Part 2:	Additional	Page				
	cription of the pro	•	Current value of the portion you own	ount of the mption you claim	Specific la	aws that allow exemption
			Copy the value from Schedule A/B	eck only one box for th exemption		
(1st exe	s clothing mption claimed t	for this asset)	\$300.00	\$300.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C.	. § 522(d)(3)
(2nd exe	s clothing emption claimed	for this asset) 11	\$300.00	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C.	. § 522(d)(5)
(1st exe	ant's clothing mption claimed t	for this asset)	\$300.00	\$300.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C.	. § 522(d)(3)
(2nd exe	ant's clothing emption claimed	for this asset) 11	\$300.00	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C.	. § 522(d)(5)
various onecklace (\$100), ri	s jewelry: weddi costume jewelry es (\$50), earring ings (\$160)	(\$100) ,	\$960.00	\$960.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C.	. § 522(d)(4)
_	ring (\$500), nec	klace (\$50) 12	\$550.00	\$550.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C.	. § 522(d)(4)
Brief desc 2 cats Line from	•	13	\$1.00	\$1.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C.	. § 522(d)(3)
	hand at time of	case filing 16	\$0.00	\$0.00 100% of fair market value, up to any applicable statutory limit	11 U.S.C.	. § 522(d)(5)
	cription: I rgo, Checking a Schedule A/B:1		\$1,000.68	\$1,000.68 100% of fair market value, up to any applicable statutory limit	11 U.S.C.	. § 522(d)(5)

Debtor 1	Carolyn	Sonja	Pehrson		Case number	r (if known)	16-11077
	First Name	Middle Name	Last Name				
Part 2:	Additiona	l Page					
	ription of the pr A/B that lists thi	operty and line on s property	Current value of the portion you own		ount of the mption you claim	Specific I	aws that allow exemption
			Copy the value from Schedule A/B		eck only one box for h exemption		
Brief descr Wells Far	ription: rgo, Savings a	ccount	\$1,645.24		\$1,645.24 100% of fair market	11 U.S.C	. § 522(d)(5)
Line from S	Schedule A/B:	17.2			value, up to any applicable statutory limit		
Brief descr	ription: deposit on ren	tal unit	\$250.00	Ø	\$250.00 100% of fair market	11 U.S.C	. § 522(d)(5)
•	Schedule A/B:	22			value, up to any applicable statutory limit		
Brief descr John Har	•	insurance policy	\$1.00	Ø	\$1.00 100% of fair market	11 U.S.C	. § 522(d)(7)
Line from S	Schedule A/B:	31			value, up to any applicable statutory limit		
Brief descr	•	insurance policy	\$1.00	Ø	\$1.00 100% of fair market	11 U.S.C	. § 522(d)(7)
	Schedule A/B:			Ц	value, up to any applicable statutory limit		

Fill in this info	ermation to identify	A MOTIL OCCOL				
		onja iddle Name	Pehrson Last Name			
Debtor 2 (Spouse, if filing)	First Name M	iddle Name	Last Name			
United States Ban	kruptcy Court for the: <u>W</u>	ESTERN DISTR	RICT OF TEXAS			
Case number (if known)	16-11077				Check if this is amended filing	
Official Form Schedule D:	106D Creditors Who	Have Claim	s Secured by	Property		12/15
correct information On the top of any a 1. Do any credite □ No. Chec □ Yes. Fill i Part 1: List 2. List all secure claim, list the correditor has a personal correction.	d accurate as possible n. If more space is nee additional pages, write ors have claims secure ok this box and submit the in all of the information be additional pages, write ors have claims secure or this box and submit the in all of the information be additional pages or this box and submit the ore claims. If a creditor he oreditor separately for ea oparticular claim, list the oble, list the claims in alp	eded, copy the Adyour name and cand by your properties form to the courselow. IS The properties of the course of	ditional Page, fill it case number (if known ty? t with your other scheduler secured than one art 2. As	out, number the entri	es, and attach it to this	s form.
creditor's name	·	Describe the pro	operty that	value of collateral \$3,264.00	claim \$6,337.50	If any
800 Loanmart Creditor's name 15821 Ventura B Number Street	lvd Ste 1	secures the clai		Ψ5,204.00	Ψ0,007.00	
Encino City Who owes the deb Debtor 1 only Debtor 2 only Debtor 1 and Do At least one of to to a community Date debt was inco	ebtor 2 only the debtors and another laim relates y debt	Contingent Unliquidated Disputed Nature of lien. An agreemer Statutory lien Judgment lie	Check all that apply. Int you made (such as a such as tax lien, mean from a lawsuit ling a right to offset) Money	mortgage or secured	car loan)	
		_Last 4 digits of a	account number	2 5 2 5		

Add the dollar value of your entries in Column A on this page. Write that number here:

\$3,264.00

Debtor 1	Carolyn	Sonja	Pehrson	Case number (if	known) 16-11077			
	First Name	Middle Nar	ne Last Name					
Part 1:		_	this page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any		
2.2		•	Describe the property that secures the claim:	\$24,680.36	\$15,412.50	\$9,267.86		
PO Box 1	me	nce Corporatio	2012 Honda CRV					
Debtor Debtor Debtor At leas Check to a co	2 only 1 and Debtor 2	only otors and another	As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Purchase Money Last 4 digits of account number 6 8 1 6					
Cook Mov Creditor's nar 1845 Dale			secures the claim: Storage Rental Contract	\$18,000.00	\$9,741.00	\$8,259.00		
Debtor Debtor Debtor At leas Check	2 only 1 and Debtor 2	only ontors and another	As of the date you file, the claim is Contingent Unliquidated Disputed Nature of lien. Check all that apply An agreement you made (such a Statutory lien (such as tax lien, number of Judgment lien from a lawsuit Other (including a right to offset) Contract/Lease	as mortgage or secured nechanic's lien)	car loan)			
Date debt	was incurred	3/2015	Last 4 digits of account number					
Storage F	Rental Contra	ct						

Add the dollar value of your entries in Column A on this page. Write that number here:

\$42,680.36

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Debtor 1	Carolyn	Sonja	Pehrson	Case number (i	f known) 16-11077				
	First Name	Middle Na	me Last Name						
Part 1:		•	this page, number them ous page.	Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any			
2.4			Describe the property that secures the claim:	\$800.00	\$3,000.00				
Creditor's nan	ne	rtation Group	Storage Rental Fee						
			As of the date you file, the claim is	s: Check all that apply.					
Newark City	CA State	94560 ZIP Code	Unliquidated Disputed						
Who owes the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another			Nature of lien. Check all that apply. ☑ An agreement you made (such as mortgage or secured car loan) ☐ Statutory lien (such as tax lien, mechanic's lien)						
			Judgment lien from a lawsuit Other (including a right to offset)						
	if this claim re mmunity debt		Contract/Lease						
Date debt v	vas incurred	3/2015	Last 4 digits of account number						
Storage R	ental Fee								

Add the dollar value of your entries in Column A on this page. Write that number here:

\$800.00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$46,744.36

F	ill in this inf	ormation to iden	tify your ca	ase:				
D	ebtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name				
	ebtor 2 spouse, if filing)	First Name	Middle Name	Last Name				
Uı	nited States Bar	nkruptcy Court for the	: WESTERN	DISTRICT OF TEXAS				
	ase number known)	16-11077					Check if this is a amended filing	an
	ficial Form							
Sc	hedule E/	F: Creditors \	Who Have	Unsecured Clai	ms			12/15
on Do If m to t	Schedule A/B: not include any lore space is no his page. On the	Property (Official Formation of the Property (Official Formation of the Particular of the Property (Official Formation of the Property (Of	orm 106A/B) a cially secured t you need, fil onal pages, w	acts or unexpired leases and on Schedule G: Executains that are listed in all it out, number the entrivite your name and case ecured Claims	utory Con Schedule I es in the b	tracts and Unexpired D: Creditors Who Ho oxes on the left. At	d Leases (Officia old Claims Secur	I Form 106G). ed by Property.
1.		ors have priority un						
2.	claim. For each show both price more space is	or priority unsecured th claim listed, identification to be and nonpriority a needed for priority u	y what type of mounts. As m nsecured clain	creditor has more than one claim it is. If a claim has uch as possible, list the clas, fill out the Continuation	ooth priority	and nonpriority amo habetical order accor	unts, list that clair ding to the credito	m here and or's name. If
		other creditors in Par		to the office of the data forms		order besetter		
	(For an explar	nation of each type of	ciaim, see the	instructions for this form i	n the Instru	Total claim	Priority amount	Nonpriority amount
2	1					\$2,570.00	\$2,570.00	\$0.00
	d E. Walker, I			Last 4 digits of account	number			
609		e Rd., Ste. 220		When was the debt incu		 9/29/2016		
Num	nber Street			As of the date you file, t	he claim is	s: Check all that appl	y.	
	stin		746	Unliquidated Disputed				
☑ □ □ Is ti		debt? Check one. Debtor 2 only the debtors and anotelaim is for a communication.		Type of PRIORITY unse ☐ Domestic support obl ☐ Taxes and certain oth ☐ Claims for death or p intoxicated ☑ Other. Specify Attorney fees for the	igations ner debts yo ersonal inju	ou owe the governme	ent	

Debtor 1	Carolyn		Sonja	Pehrson	Case r	numb	er (if	known)	16-11077	
	First Name		Middle Name	Last Name						
Part 1:	Your PRI	ORITY	' Unsecured Cl	aims Continuation Page						
						Tata	اماما		Drianity	Nemariarity
previous p	•	n this p	age, number then	n sequentially from the		Tota	ı cıaı	m	Priority amount	Nonpriority amount
previous	ouge.								amount	amount
2.2					_	\$	9,64	8.44	\$9,461.91	\$186.53
	Revenue Servi	се		- Last 4 digits of account number	r 5	6	1	0		
Priority Credi	itors Name Procedures - Ir	nsolvei	ncv	When was the debt incurred?	1/20			. <u> </u>		
Number	Street			when was the dept incurred:	1/20	13				
P.O. Box	/346			- As of the date you file, the clai	n is: C	heck	all th	at appl	y.	
				Contingent						
Philadelp	hia	PA	19101-7346	Unliquidated Disputed						
City		State	ZIP Code	ш .						
	red the debt?	Check	cone.	Type of PRIORITY unsecured of						
ш .	r 2 only			☐ Domestic support obligations ☐ Taxes and certain other deb		we th	e ao	vernme	ent	
	r 1 and Debtor 2	•		Claims for death or personal	•		•		,,,,,	
<u> </u>	st one of the deb			intoxicated			-			
لت ا	if this claim is		mmunity debt	Other. Specify						
Is the clair	m subject to off	set?								
Yes										
2.3						\$:	2,76	4.61	\$2,764.61	\$0.00
	k State Dept o	f Taxa	tion and Fina	- Last 4 digits of account numbe	- - 5	-	1			
Priority Cred	itor's Name tcy Section			•	_		- <u>-</u>			
Number	Street			When was the debt incurred?	5/20	16				
PO Box 5	300			- As of the date you file, the clai	n is: C	heck	all th	at appl	у.	
				Contingent						
Albany		NY	12205-0300	Unliquidated						
City		State	ZIP Code	- Disputed						
	red the debt?	Check	one.	Type of PRIORITY unsecured of	laim:					
	r 1 only r 2 only			Domestic support obligations						
	r 1 and Debtor 2	only		✓ Taxes and certain other deb✓ Claims for death or personal	-		-		ent	
	st one of the deb		l another	intoxicated	iiijuiy v	wille	you v	vere		
_	if this claim is	for a co	mmunity debt	Other. Specify						
Is the clair	m subject to off	set?		_						
☑ No										
☐ Yes										

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Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number (if known)16-11077	
Part 2:	List All of	Your NONPRIORI	TY Unsecured Clai	ms	
4. List a lf a cr	No. You have nothed a second s	rity unsecured claim an one nonpriority uns t list claims already in	s in the alphabetical ord ecured claim, list the creduded in Part 1. If more	e court with your other schedules. der of the creditor who holds each claim. ditor separately for each claim. For each claim list than one creditor holds a particular claim, list the out the Continuation Page of Part 2.	
Nonpriority C	ndview LLC Creditor's Name Impion Grandvie Street	ew Way	Last 4 digits of according to the debt As of the date you for the debt the debt the date you for the debt the		\$0.00
Debtor Debtor Debtor At leas Check Is the clair	red the debt? (7 only 2 only 2 only 2 one of the debto	rs and another r a community debt	Disputed Type of NONPRIOR Student loans Obligations arisin that you did not received.	ITY unsecured claim: Ing out of a separation agreement or divorce report as priority claims or profit-sharing plans, and other similar debts	
4.2 Fed Loan	Creditor's Name		Last 4 digits of according When was the debt As of the date you for Contingent Unliquidated		\$14,991.00
Debtor Debtor Debtor At leas Check	red the debt? (7 tonly 2 only 2 only 2 tonly 3 tonly 3 tonly 5 tonly 6	rs and another r a community debt	Disputed Type of NONPRIOR Student loans Obligations arisin that you did not recommend.	ITY unsecured claim: Ing out of a separation agreement or divorce report as priority claims or profit-sharing plans, and other similar debts	

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Debtor 1	Carolyn	Sonja	Pehrson	Case number (if known)16-11077	
	First Name	Middle Name	Last Name		
D (0	- V NO.	IDDIODITY II			
Part 2:	Your NO	NPRIORITY Unsect	ıred Claims Contii	nuation Page	
After listin	g any entries o	n this page, number the	em sequentially from the		Total claim
previous p	age.				i Otal Claiili
4.3					\$14,171.00
Fed Loan	Serv		Last 4 digits of accor	unt number 0 0 0 6	
	reditor's Name		When was the debt in		
Po Box 60 Number	Street		As of the date you fil	e, the claim is: Check all that apply.	
			Contingent		
			Unliquidated		
Harrisbur	g	PA 17106	Disputed		
City		State ZIP Code	Type of NONPRIORIT	TY unsecured claim:	
B. I. I	red the debt?	Check one.	✓ Student loans		
✓ Debtor	•			g out of a separation agreement or divorce	
Debtor	1 and Debtor 2	only	•	port as priority claims or profit-sharing plans, and other similar debts	
At leas	t one of the deb	tors and another	Other. Specify	or prom onaling plane, and other cirillar dobte	
☐ Check	if this claim is	for a community debt			
	n subject to off	set?			
✓ No ☐ Yes					
☐ res Deferred					
Deletted					
4.4					\$12,125.00
Fed Loan			Last 4 digits of accor	unt number <u>0 0 0 2</u>	
Nonpriority C Po Box 60	reditor's Name		When was the debt in	ncurred? <u>08/2008</u>	
Number	Street		As of the date you fil	e, the claim is: Check all that apply.	
			Contingent		
			Unliquidated Disputed		
Harrisbur	g	PA 17106			
City Who incur	red the debt?	State ZIP Code Check one.	Type of NONPRIORIT	TY unsecured claim:	
Debtor		Officer offic.	Student loans		
Debtor	2 only			g out of a separation agreement or divorce port as priority claims	
	1 and Debtor 2	•	•	or profit-sharing plans, and other similar debts	
_		tors and another	Other. Specify		
ш		for a community debt			
	n subject to off	set?			
✓ No ☐ Yes					

Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number (if known)16-11077	
Part 2:	Your NO	NPRIORITY Unsecu	ıred Claims Contii	nuation Page	
After listing		on this page, number the	em sequentially from the		Total claim
4.5					\$8,315.00
Fed Loar	n Serv		Last 4 digits of accor	unt number 0 0 0 4	
	Creditor's Name		When was the debt in		
Pob 6061 Number	10 Street		As of the date you fil	e, the claim is: Check all that apply.	
			Contingent Unliquidated		
Harrisbu	ıra	PA 17106	Disputed		
City	'' <u>'</u>	State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
	rred the debt?	Check one.	Student loans		
≌	r 1 only			g out of a separation agreement or divorce	
	r 2 only r 1 and Debtor 2	only		port as priority claims	
_		otors and another	Debts to pension Other. Specify	or profit-sharing plans, and other similar debts	
—	k if this claim is	for a community debt	U Other. Specify		
_	im subject to of	•			
☑ No					
Yes					
4.6					
	_				\$8,040.00
Fed Loar	n Serv Creditor's Name		Last 4 digits of accor	. 	
Pob 6061			When was the debt in	ncurred? <u>09/2009</u>	
Number	Street			e, the claim is: Check all that apply.	
			Disputed		
Harrisbu	ırg	PA 17106			
City Who incu	rred the debt?	State ZIP Code Check one.	Type of NONPRIORIT	TY unsecured claim:	
	r 1 only		Student loans	g out of a separation agreement or divorce	
☐ Debto	r 2 only			port as priority claims	
=	r 1 and Debtor 2	•	•	or profit-sharing plans, and other similar debts	
ш		otors and another			
		for a community debt	Student Loans		
	im subject to of	fset?			
✓ No ☐ Yes					
4.7					\$7,515.00
Fed Loar	n Serv		Last 4 digits of accor	unt number 0 0 0 1	
	Creditor's Name		When was the debt in	ncurred? 02/2009	
Po Box 6	Street		As of the date you fil	e, the claim is: Check all that apply.	
			Contingent		
			Unliquidated		
Harrisbu	ıra	PA 17106	Disputed		
City		State ZIP Code	Type of NONPRIORIT	TY unsecured claim:	
	rred the debt?	Check one.	Student loans		
<u> </u>	r 1 only r 2 only		Obligations arising	g out of a separation agreement or divorce	
_	r 1 and Debtor 2	only	•	port as priority claims	
		otors and another	Other. Specify	or profit-sharing plans, and other similar debts	
—	k if this claim is	for a community debt	LI Calor. Opcomy		
	im subject to of	fset?			
✓ No					
☐ Yes					

Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number (if known)16-11077	,
Dort O	Vaur NON	DDIODITY Uses and	and Claims — Canti	mustica Boss	
Part 2:	Tour NON	PRIORITT Unsecu	red Claims Conti	nuation Page	
After listi previous	•	this page, number the	em sequentially from the	3	Total claim
4.8					\$2,679.00
Fed Loa			Last 4 digits of acco	unt number <u>0</u> <u>0</u> <u>0</u> <u>8</u>	
Po Box (Creditor's Name		When was the debt i	ncurred? <u>09/2012</u>	
Number	Street		As of the date you fi	le, the claim is: Check all that apply.	
-			Contingent Unliquidated		
Harrich	ıra	PA 17106	Disputed		
Harrisbu City		PA 17106 State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
Who incu	rred the debt?	Check one.	Student loans	i i unaccurca ciann.	
<u>-</u>	or 1 only		<u> </u>	g out of a separation agreement or divorce	
	or 2 only or 1 and Debtor 2 o	nlv	that you did not re	eport as priority claims	
_	st one of the debto		·	or profit-sharing plans, and other similar debts	
ш		or a community debt	Other. Specify		
_	im subject to offse	•			
✓ No	iiii subject to onsi	51:			
Yes					
4.9					\$970.00
Fed Loa	n Sarv		Last 4 digits of acco	unt number 0 0 0 7	φ370.00
	Creditor's Name		When was the debt i	<u> </u>	
Po Box 6	60610				
Number	Street		Contingent	le, the claim is: Check all that apply.	
			Unliquidated		
			Disputed		
Harrisbu City		PA 17106 State ZIP Code		TV	
,		Check one.		TY unsecured claim:	
☑ Debto	or 1 only			g out of a separation agreement or divorce	
	or 2 only			eport as priority claims	
ш	or 1 and Debtor 2 of st one of the debto	•	■ Debts to pension	or profit-sharing plans, and other similar debts	
ш			Other. Specify		
		or a community debt			
— N.	im subject to offs	#L f			
✓ No Yes					
4.10					\$3,092.00
Loanme	Inc		Last 4 digits of acco	unt number 6 4 5 9	· ·
	Creditor's Name		When was the debt i	ncurred? 12/2015	
Number	State College BIN Street	<u> </u>	As of the date you fi	le, the claim is: Check all that apply.	
			Contingent	,,	
			Unliquidated		
Anaheim	1	CA 92806	Disputed		
City		State ZIP Code	Type of NONPRIORI	TY unsecured claim:	
- Daleta		Check one.	Student loans		
	or 1 only or 2 only		— •	g out of a separation agreement or divorce	
_	or 1 and Debtor 2 o	nlv	•	eport as priority claims	
	st one of the debto	•	브 ~	or profit-sharing plans, and other similar debts	
— ☐ Chec	k if this claim is fo	or a community debt	Unsecured		
ш.	im subject to offse	_			
✓ No	,				
☐ Yes					

Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number (if known)16-11077	
Part 2:	Your NO	NPRIORITY Unsecu	ıred Claims Contir	nuation Page	
After listir		n this page, number the	em sequentially from the		Total claim
4.11					\$19,373.00
Sallie Ma	ie		Last 4 digits of accou	unt number 4 9 2 7	
	Creditor's Name		When was the debt in	ncurred? 02/2014	
Number	sinental Dr Street		As of the date you file	e, the claim is: Check all that apply.	
			Contingent Unliquidated		
Newark		DE 19713	Disputed		
City		State ZIP Code	Type of NONPRIORIT	Y unsecured claim:	
	rred the debt? r 1 only	Check one.	✓ Student loans		
ш	r 2 only			g out of a separation agreement or divorce port as priority claims	
Debto	r 1 and Debtor 2	•		or profit-sharing plans, and other similar debts	
	st one of the debt		Other. Specify		
_		for a community debt			
Is the clai	m subject to off	set?			
Yes Tes					
4.12					\$538.00
Sears Nonpriority (Creditor's Name		Last 4 digits of accou	. 	
Po Box 6	282		When was the debt in		
Number	Street		Contingent	e, the claim is: Check all that apply.	
			Unliquidated		
Sioux Fa	lle	SD 57117	Disputed		
City	113	State ZIP Code	Type of NONPRIORIT	Y unsecured claim:	
	rred the debt?	Check one.	Student loans		
	r 1 only r 2 only			g out of a separation agreement or divorce	
	r 1 and Debtor 2	only	•	port as priority claims or profit-sharing plans, and other similar debts	
☐ At leas	st one of the deb		Other. Specify	or profit straining plants, and other similar dobts	
☐ Check	c if this claim is	for a community debt	Credit card pur	chases	
	m subject to off	set?			
✓ No ☐ Yes					
4.13					\$102.00
	Credit System Creditor's Name		Last 4 digits of accou	unt number 4 2 4 9	
	St Ste 301		When was the debt in		
Number	Street			e, the claim is: Check all that apply.	
		NV 44000	Disputed		
Buffalo City		NY 14202 State ZIP Code	Type of NONPRIORIT	Y unsecured claim:	
	rred the debt?	Check one.	Student loans		
<u> </u>	r 1 only r 2 only		Obligations arising	g out of a separation agreement or divorce	
_	r 1 and Debtor 2	only	•	port as priority claims	
	st one of the debt	•	Other. Specify	or profit-sharing plans, and other similar debts	
Check	c if this claim is	for a community debt		ncy for WNY Pediatrics	
	m subject to off	set?			
✓ No Yes					

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Debtor 1	Carolyn		Sonja	Pehrson	Case n	umber (if k	nown)	16-11077					
	First Name		Middle Name	Last Name									
Part 2:	Your NO	NPRIO	RITY Unsecu	ıred Claims Conti	nuation Page								
After listing		on this p	page, number th	em sequentially from the	e				Total claim				
4.14									\$11,917.00				
Wells Fai	rgo Creditor's Name			Last 4 digits of acco		5 3	9						
Po Box 5					When was the debt incurred? 12/2012 As of the date you file, the claim is: Check all that apply.								
Number Sioux Fa	Street	SD	57117	Contingent Unliquidated Disputed	ie, the Claim is. Of	neck all tha	и арріу.						
City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset?				that you did not re	TY unsecured claing out of a separation of a separation or profit-sharing plans or profit-sharing plan	on agreeme							
✓ No ☐ Yes													

				83									
Debtor 1	Carolyn First Name		Sonja Iiddle Name	Pehrson Last Name	Ca	se num	ber (i	f knov	vn) _	16-1	1077		
Part 3:	List Others	s to B	e Notified Ab	oout a Debt That You	ı Already L	isted							
For ex credit debts	xample, if a collector in Parts 1 or 2	ction ao !, then I n Parts	gency is trying ist the collectio 1 or 2, list the a	otified about your bankr to collect from you for a n agency here. Similarly dditional creditors here. bmit this page.	debt you ow	e to so more	meon than d	e else one ci	e, list redite	t the o	origina any of	l f the	
Capital O	ne			On which entry in	Part 1 or Par	t 2 did	you li	ist the	e orig	ginal	credito	r?	
Name 15000 Ca	pital One Dr			 Line of <i>(Cl</i>	neck one): Г	¬ Part	1: Cr	editor	s with	h Prio	ritv Uns	secured C	Claims
Number	Street					_					•		ed Claims
Richmon	d	VA State	23238 ZIP Code	Last 4 digits of acc	ount numbe	r <u>1</u>	6	_6_	1				
Chase				On which entry in	Part 1 or Par	t 2 did	you li	ist the	e orig	ginal	credito	r?	
Name Po Box 1:	5208			 Line of <i>(Cl</i>	neck one): [☐ Part	1· Cr	editor	s with	h Prio	rity I Ins	secured C	:laims
Number	Street			Credit card purc	′ ∟						•		ed Claims
Wilmingto		DE State	19850 ZIP Code	Last 4 digits of acc	ount numbe	r <u>0</u>	_3_	_2_	_6_				
	Fin Svcs Llc			On which entry in	Part 1 or Par	t 2 did	you li	ist the	e oric	ginal (credito	r?	
Name Po Box 1 Number						Part	1: Cr	editor	s with	h Prio	rity Uns	secured C	Claims ed Claims
Wilmingto	on	DE State	19850 ZIP Code	Last 4 digits of acc	ount numbe	r <u>1</u>	_1_	_6_	_6_				
Hsbc Bar	nk			On which entry in	Part 1 or Par	t 2 did	you li	ist the	e orig	ginal	credito	r?	
Po Box 9 Number	Street			Lineof (Ci	neck one): [•		Claims ed Claims
Buffalo City		NY State	14240 ZIP Code	Last 4 digits of acc	ount numbe	r <u>6</u>	9	_8_	_8_				
	vency Office			On which entry in	Part 1 or Par	t 2 did	you li	ist the	e orig	ginal	credito	r?	
Name 300 E. 8th St., Mail Stop 5026AUS Number Street				Lineof (C/	neck one):	Part							Claims

Austin City Last 4 digits of account number

78701 ZIP Code

Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1	Carolyn		Sonja	Pehrson		Case	e number (if known)
	First Name	N	Middle Name	Last Name			
Dort 2	List Other	to D	a Natified Aba	ıt a Daht That	Var. Already		oted Centinuction Bone
Part 3:	List Other	Stob	e Notified Abot	it a Debt That	Tou Aireau	y LI:	sted Continuation Page
Navient				On which entry	y in Part 1 or F	art 2	2 did you list the original creditor?
Name	E00			line of	(Chook ono):	_	Part 1: Craditors with Priority Unacquired Claims
Po Box 95	Street			Lineof	(Crieck one):	Ц	Part 1: Creditors with Priority Unsecured Claims
				<u> </u>		Ш	Part 2: Creditors with Nonpriority Unsecured Claims
				 Last 4 digits of 	f account num	ber	1 0 0 4
Wilkes Ba	arre	PA	18773	_			
City		State	ZIP Code				
Recovery	Management	Svsten	ns Corporation	On which entry	y in Part 1 or F	art 2	2 did you list the original creditor?
Name	_			_			
Ramesh S Number	Street			Lineof	(Crieck one).	Ш	Part 1: Creditors with Priority Unsecured Claims
25 SE 2nd	d Avenue, Ste.	1120		_		Ш	Part 2: Creditors with Nonpriority Unsecured Claims
				 Last 4 digits of 	f account num	ber	
Miami		FL	33131-1605	_			
City		State	ZIP Code				
Target				On which entry	y in Part 1 or F	art 2	2 did you list the original creditor?
Name	72			_			
Po Box 67 Number	Street			Lineof	(Crieck one).	Ш	Part 1: Creditors with Priority Unsecured Claims
				<u> </u>		Ш	Part 2: Creditors with Nonpriority Unsecured Claims
				 Last 4 digits of 	f account num	ber	7 9 5 6
Minneapo	olis	MN	55440				<u> </u>
City		State	ZIP Code				
Target				On which entry	v in Part 1 or F	Part 2	2 did you list the original creditor?
Name							
Po Box 67 Number	73 Street						Part 1: Creditors with Priority Unsecured Claims
				Credit card p —	uiciiases		Part 2: Creditors with Nonpriority Unsecured Claims
				 Last 4 digits of 	f account num	ber	8 8 2 5
Minneapo	olis	MN	55440	_			
City		State	ZIP Code				
Not Debto	ors						
United St	ates Attorney			On which entry	y in Part 1 or F	art 2	2 did you list the original creditor?
Name Civil Proc	ess Clerk			 Line 2.2 of	(Check one):	ار ا	Part 1: Creditors with Priority Unsecured Claims
Number	Street				(=,		Part 2: Creditors with Nonpriority Unsecured Claims
601 N. W.	Loop 410, Su	ite 600		_		Ш	Tan 2. Croancro mar Nonphonty Checoured Claims
				 Last 4 digits of 	f account num	ber	
San Anto	nio	TX State	78216 ZIP Code	<u>—</u>			
- 4							
United St	ates Attorney	Genera	ıl	On which entry	y in Part 1 or F	art 2	2 did you list the original creditor?
Name Departme	ent of Justice			Line 2.2 of	(Check one):	N	Part 1: Creditors with Priority Unsecured Claims
Number	Street	NI NA/					Part 2: Creditors with Nonpriority Unsecured Claims
950 Penn	sylvania Ave.,	IN.VV.		<u> </u>		Ш	Colored the colored co
\Ma-1:1 :			20522	 Last 4 digits of 	f account num	ber	
Washingt City	on	DC State	20530 ZIP Code	_			

Debtor 1 Carolyn Sonja Pehrson Case number (if known) 16-11077

First Name Middle Name Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

				Total claim
Total claims	6a.	Domestic support obligations	6a.	\$0.00
	6b.	Taxes and certain other debts you owe the government	6b.	\$12,413.05
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	^{6d.} -	\$2,570.00
	6e.	Total. Add lines 6a through 6d.	6d.	\$14,983.05
				Total claim
Total claims from Part 2	6f.	Student loans	6f.	\$92,056.00
	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. -	\$11,772.00
	6j.	Total. Add lines 6f through 6i.	6j.	\$103,828.00

Fill in this inf	ormation to i	dentify your case	:	
Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	
Debtor 2 (Spouse, if filing)		Middle Name	Last Name	
United States Bar	nkruptcy Court fo	or the: WESTERN DIS	STRICT OF TEXAS	
Case number (if known)	16-11077			Check if this is ar amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

١.	Do you have any executory contracts or unexpired leases?
	No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below even if the contracts or leases are listed on <i>Schedule A/B: Property</i> (Official Form 106A/B)
2.	List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom	State what the contract or lease is				
6500 Grandview LLC			_ residential lease agreement		
	Nay		Contract to be ASSUMED		
Number Street			_		
Austin	тх	78750	_		
City	State	ZIP Code	_		
Cook Moving System			_ Storage Rental Contract		
			Contract to be REJECTED		
Number Street			_		
Buffalo	NY	14225	_		
City	State	ZIP Code	_		
Mccollistor's Transportation	Group		Storage Rental Fee		
Name			Contract to be REJECTED		
7091 Central Ave Number Street			_		
Newark	CA	94560	_		
	6500 Grandview LLC Name 6500 Champion Grandview Number Street Austin City Cook Moving System Name 1845 Dale Rd Number Street Buffalo City Mccollistor's Transportation Name 7091 Central Ave	6500 Grandview LLC Name 6500 Champion Grandview Way Number Street Austin TX City State Cook Moving System Name 1845 Dale Rd Number Street Buffalo NY City State Mccollistor's Transportation Group Name 7091 Central Ave Number Street	Name 6500 Champion Grandview Way Number Street Austin TX 78750 City State ZIP Code Cook Moving System Name 1845 Dale Rd Number Street Buffalo NY 14225 City State ZIP Code Mccollistor's Transportation Group Name 7091 Central Ave Number Street		

State

ZIP Code

City

F	ill in this	s information to	identify your case	e:	
D	ebtor 1	Carolyn	Sonja	Pehrson	
		First Name	Middle Name	Last Name	
	ebtor 2 Spouse, if f	iling) First Name	Middle Name	Last Name	
U	nited State	es Bankruptcy Court fo	or the: WESTERN D I	STRICT OF TEXAS	
c	ase numbe	er 16-11077			
	f known)				☐ Check if this is an amended filing
_					
		orm 106H			
So	chedule	H: Your Cod	lebtors		12/1:
nee	Do you h Do you h No Y Yes Within th include A	the Additional Page top of any Addition have any codebtors? The last 8 years, have Arizona, California, Ida Go to line 3. Did your spouse, fo No Yes In which community David Michael Pe	e, fill it out, and number al Pages, write your of the pages	per the entries in the box name and case number (soint case, do not list either unity property state or tea, New Mexico, Puerto Rice equivalent live with you at the pulive? Texas	erritory? (Community property states and territories co, Texas, Washington, and Wisconsin.)
		6500 Champion C	ormer spouse, or legal equ Grand View Way #8	ivalent 212Austin, TX 78750	
		Number Street			
		City	\$	State ZIP Code	
3.	person s creditor	shown in line 2 agair on <i>Schedule D</i> (Offi	n as a codebtor only i	f that person is a guaran edule E/F (Official Form	codebtor if your spouse is filing with you. List the notor or cosigner. Make sure you have listed the 106E/F), or <i>Schedule G</i> (Official Form 106G). Use
	Colur	mn 1: Your codebtor			Column 2: The creditor to whom you owe the debt
					Check all schedules that apply:
3.	1 Davi	d Pehrson			─ Schedule D, line
					— ☐ Schedule E/F, line
	Numb	er Street			
					Cook Moving System
	Citv		State	ZIP Code	

Debtor	1 Carolyn First Name	Sonja Middle Name	Peh Last N	rson Name	Case	number (if known)	16-11077	
	Additional F	Page to List More	Codeb	tors				
	Column 1: Your code	ebtor			Col	umn 2: The creditor	to whom you owe the debt	_
	oomanin ii Tour oodo					eck all schedules that	-	
3.2	David Pehrson Name				— п	Schedule D, line		
	address to be upda	ated			_ <u>□</u>	Schedule E/F, line		
	Number Street				_	_		
					— ∐ Un	Schedule G, line ited States Attorn		
	City	St	tate	ZIP Code	_		-,	
3.3	David Pehrson Name				— п	Schedule D, line		
						Schedule E/F, line		
	Number Street					Schedule G, line		
					— □ 650	00 Grandview LLC		
	City	St	tate	ZIP Code				
3.4	David Pehrson				— м	Schedule D, line	2.1	
	Name				— □	Schedule E/F, line		
	Number Street				_	Schedule G, line		
					— □ 800	D Loanmart		
	City	St	tate	ZIP Code				
3.5	David Pehrson				— ☑	Schedule D, line	2.3	
	Name					Schedule E/F, line		
	Number Street					_		
					— □ Co	Schedule G, line ok Moving Systen	 1	
	City	St	tate	ZIP Code	<u> </u>	3 - 7 - 1		
3.6	David Pehrson					Schedule D, line		
	Name						2.2	
	Number Street				— <u>v</u>	Schedule E/F, line_		
					— ⊔ Inte	Schedule G, line ernal Revenue Se		
	City	St	tate	ZIP Code				
3.7	David Pehrson				— п	Schedule D, line		
	Name					Schedule E/F, line		
	Number Street				— ☑	Schedule G, line		
					— □ IRS	S Insolvency Offic	 e	
	City	St	tate	ZIP Code				
3.8	David Pehrson					Schedule D, line	2.4	
	Name				— <u> </u>		2.4	
	Number Street				— ₌	Schedule E/F, line_		
					— D	Schedule G, line collistor's Transp	ortation Group	
	City	St	tate	ZIP Code		oomotor o rransp	ortation or oup	

Debtor 1		Sonja Middle Neme	Pehrson	Case number (if known) 16-11077
	First Name	Middle Name	Last Name	
	Additional Pa	ge to List More	Codebtors	
	Column 1: Your codeb	tor		Column 2: The creditor to whom you owe the debt
				Check all schedules that apply:
	David Pehrson Name			Schedule D, line
	Number Street			Schedule E/F, line 2.3
				Schedule G, line
	City		tate ZIP Code	New York State Dept of Taxation and Fina
	•	5	iale ZIP Code	
	David Pehrson Name			Schedule D, line
	Number Street			Schedule E/F, line 4.11
				Schedule G, line
				Sallie Mae
	City	S	tate ZIP Code	
	David Pehrson Name			Schedule D, line
	Number Street			
	- Street			Schedule G, line
				United States Attorney General
	City	S	tate ZIP Code	
	David Pehrson Name			Schedule D, line
	Number Street			Schedule G, line
				Wells Fargo
	City	S	tate ZIP Code	
	Spouse Name Not E	ntered		Schedule D, line
	Name			Schedule E/F, line 4.1
	Number Street			Schedule G, line
				6500 Grandview LLC
	City	S	tate ZIP Code	
	Spouse Name Not E	ntered		Schedule D, line 2.3
	Name			Schedule E/F, line
	Number Street			<u> </u>
				Schedule G, line Cook Moving System
	City	S	tate ZIP Code	
3.15	Spouse Name Not E	ntered		Cohedula D line
	Name			Schedule D, line
	Number Street			Schedule E/F, line 2.2
				Schedule G, line Internal Revenue Service
	City	S	tate ZIP Code	Internal Nevenue Service

Debtor 1	Carolyn First Name	Sonja Middle Name		nrson Name	Case	number (if known)	16-11077
	Additional	Page to List Mor	e Codek	otors			
	Column 1: Your cod				Col	lumn 2: The credito	r to whom you owe the debt
	Column 1. Tour Cou	estoi				eck all schedules tha	•
	Spouse Name Not	Entered			— п	Schedule D, line	
	Name				_	Schedule E/F, line	
	Number Street				— 	Schedule G, line	
					— □ IRS	S Insolvency Offic	
	City	5	State	ZIP Code			
	Spouse Name Not	Entered			— M	Schedule D, line	2.4
					_ D	Schedule E/F, line	
	Number Street					Schedule G, line	
						collistor's Transp	ortation Group
	City	5	State	ZIP Code			
	Spouse Name Not	Entered			— п	Schedule D, line	
					— 🖂	Schedule E/F, line	
	Number Street				<u>.</u> П	Schedule G, line	
					_	vient	
	City	Ş	State	ZIP Code			
3.19	Spouse Name Not	Entered			— п	Schedule D, line	
	Name				— ☑	Schedule E/F, line	
	Number Street				<u>v</u>	Schedule G, line	2.0
							t of Taxation and Fina
	City		State	ZIP Code			
	Spouse Name Not	Entered				Schedule D, line	
	Name				—	Schedule E/F, line	
	Number Street				_	Schedule G, line	
					— □ Sal	llie Mae	
	City	5	State	ZIP Code			
	Spouse Name Not	Entered			— п	Schedule D, line	
	Name				_	Schedule E/F, line	
	Number Street				— ☑	Schedule G, line	3.10
					— □ Un	ited States Attorn	ey
	City	\$	State	ZIP Code			-
	Spouse Name Not	Entered				Schedule D, line	
	Name				□		
	Number Street				— =	Schedule E/F, line	5.11
					— □ Un	Schedule G, line ited States Attorn	ev General
	City	S	State	ZIP Code			-

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Fill in this infor	mation to ident	ify your case:				
Debtor 1	Carolyn	Sonja	Pehrsoi	n		
Deptor 1	First Name	Middle Name	Last Name		 Che	eck if this is:
Debtor 2	First Name	Middle Name	Last Name		_	An amended filing
(Spouse, if filing)			DISTRICT OF TE			A supplement showing postpetition
Case number	kruptcy Court for the 16-11077	WESTERNE	NOTICIOT OF TE		- $ $	chapter 13 income as of the following date:
(if known)						MM / DD / YYYY
Official Form 1						
Schedule I: Y	our Income					12/15
include information about your spouse. your name and case	about your spouse If more space is ne	If you are separ eeded, attach a se . Answer every c	ated and your sp parate sheet to t	ouse is not	filing with y	spouse is living with you, ou, do not include information any additional pages, write
 Fill in your emp information. 	loyment		Debtor 1			Debtor 2 or non-filing spouse
If you have more job, attach a sep	_	loyment status	✓ Employed			☐ Employed
with information additional emplo			☐ Not employ	yed		☐ Not employed
•	Occi	upation	Office Manag	er		
Include part-time or self-employed		loyer's name	San Francisc	o Consulti	ng Group	_
Occupation may student or home applies.	p	loyer's address	260 Addie Ro Number Street	y Ste 200		Number Street
			Austin	TX	78746	
			City	State	Zip Code	City State Zip Code
	How	long employed t	here? <u>9/2016</u>	•	_	
Part 2: Give	Details About N	onthly Incom	е			
Estimate monthly in non-filing spouse unle			n. If you have not	hing to repo	rt for any line	, write \$0 in the space. Include your
If you or your non-filing you need more space			er, combine the in	formation fo	r all employe	rs for that person on the lines below. If
				For	Debtor 1	For Debtor 2 or non-filing spouse
	oss wages, salary, ns). If not paid mont			2	\$3,750.00	
3. Estimate and lis	st monthly overtime	pay.		3. +	\$0.00	
4. Calculate gross	s income. Add line	2 + line 3.		4.	\$3,750.00	

Official Form 106I Schedule I: Your Income page 1

Deb	tor 1	Carolyn	Sonja	Pehrson			Case nu	mbe	r (if known)	<u>16-11</u>	077
		First Name	Middle Name	Last Name							
						For D	Debtor 1		or Debtor 2		
								. <u>n</u>	on-filing sp	ouse	
	Сор	y line 4 here		····· →	4.		\$3,750.00				
5.	-	all payroll dec		-			, - ,				
٥.			e, and Social Security deduction	•	5a.		\$513.34				
		•	•	3			\$0.00		-		
		-	ontributions for retirement plans		5b.				-		
		•	ntributions for retirement plans		5c.		\$0.00				
	5d.	Required repa	ayments of retirement fund loans	5	5d.		\$0.00				
	5e.	Insurance			5e.		\$336.00				
	5f.	Domestic sup	pport obligations		5f.		\$0.00				
	5g.	Union dues			5g.		\$0.00				
	5h.	Other deduct	ions.		•						
		Specify:			5h. -	<u> </u>	\$0.00				
•	ام ۸		eductions. Add lines 5a + 5b + 5		6.		004004				
6.	5g +	l the payroll de - 5h.	eductions. Add lines ba + 50 + 5	00 + 50 + 50 + 51 +	о.		\$849.34				
7.	Calc	culate total mo	nthly take-home pay. Subtract	t line 6 from line 4.	7.		\$2,900.66				
8.	List	all other incor	me regularly received:								
	8a.	Net income fr	om rental property and from ope	erating a	8a.		\$0.00				
		business, pro	fession, or farm								
		Attach a state	ment for each property and busine	ss showing							
		gross receipts	, ordinary and necessary business	expenses, and							
		-	nly net income.	•							
	01				O.L.		**				
		Interest and c			8b.		\$0.00				
	8c.		ort payments that you, a non-filing	g spouse, or a	8c.		\$0.00				
		dependent re	gularly receive								
			ny, spousal support, child support,	maintenance,							
		divorce settler	ment, and property settlement.								
	8d.	Unemployme	nt compensation		8d.		\$0.00				
	8e.	Social Securi	tv		8e.		\$0.00				
	8f.		ment assistance that you regular	rly receive							
		_	assistance and the value (if known)	-							
			ce that you receive, such as food s	•							
			er the Supplemental Nutrition Assis								
		or housing sub		tanoo i rogiam,							
		Specify:			8f.		\$0.00				
	0	. ,	etirement income		•						
	•				8g.		\$0.00		-		
	8n.	Other monthly	y income. erim Agreed Child Support		8h. 🚜		¢2 000 00				
		opecity. Inte	erim Agreed Child Support		. 011. 4		\$2,000.00	_	-		
9.	hhΔ	all other inco	me. Add lines 8a + 8b + 8c + 8d +	8e + 8f + 8a + 8h	9.		\$2,000.00				
J.	Auu	an other meo	me. Add inies ou i ob i oc i od i	oc rorrogron.	٥.		\$2,000.00	L			
								ιг			
10.			income. Add line 7 + line 9.	e-1-	10.		\$4,900.66	+		=	\$4,900.66
			ne 10 for Debtor 1 and Debtor 2 or	• .				_			
11.			ular contributions to the expense								
			ns from an unmarried partner, mem	ibers of your househ	old, yo	our de	ependents, yo	ur ro	ommates, a	nd other	•
	trien	nds or relatives.									
	D			0.40			-: - - - 4		!:	:- C-b-	-ll.
	D0 I	not include any	amounts already included in lines	2-10 or amounts tha	t are r	iot ava	allable to pay	expe	enses listed	in Sche	dule J.
	Spe	cify:								11. +	\$0.00
	·	-							_		
12.			the last column of line 10 to the							12.	\$4,900.66
			amount on the Summary of Your A	Assets and Liabilities	and (Jertaii	n Statistical Ir	ntorn	nation,		Combined
	II IL 6	applies.									monthly income
13.	Dov	you expect an	increase or decrease within the	vear after vou file th	his fo	rm?					-
	Π,	No.	Debtor has not received a pa	· · · · · · · · · · · · · · · · · · ·			I need to an	nen-	d the buda	et .	
			Debtor has to provide insura	•				1511	a are bady	.	
	Y	Yes. Explain:	Debitor has to provide insura	ance for the Child	en u	11111 IN	101 151.				

Fi	ll in this inforn	nation to ide	ntify your case:		Ch		:	
Г	Debtor 1	Carolyn	Sonja	Pehrson	1 _	eck if this	ns: ended filing	
_	Debior 1	First Name	Middle Name	Last Name	🖁	A suppl	ement showing 13 expenses as	
	Debtor 2 Spouse, if filing)	First Name	Middle Name	Last Name		followin	•	s or the
ι	Jnited States Bank	ruptcy Court for	the: WESTERN DIS	TRICT OF TEXA	S	MM / DI	D / YYYY	
_	Case number if known)	16-11077				, 2.	_,	
Off	ficial Form 10	D6J						
Sc	hedule J: Yo	our Expens	ses					12/15
corr nam	rect information. In and case numb	If more space is	sible. If two married p needed, attach anoth nswer every question	er sheet to this for				
1.	Is this a joint cas	se?						
2.	_ No	Debtor 2 live in a s. Debtor 2 mus pendents?	a separate household? It file Official Form 106J No ✓ Yes. Fill out this in for each dependen	-2, Expenses for Seformation	eparate Household of endent's relationsh or 1 or Debtor 2		Dependent's age	Does dependent live with you?
	Do not state the d names.	lependents'					9	Yes No No No
3.	Do your expense expenses of peo yourself and you	ple other than	☑ No □ Yes					Yes Yes
Pa	art 2: Estim	ate Your Ond	going Monthly Exp	enses				
to re		of a date after	ankruptcy filing date uthe bankruptcy is filed	-	_		•	
			ash government assis on Schedule I: Your I				Your expens	es
4.		•	xpenses for your resident of the ground any rent for the ground th			4	1.	\$1,945.00
	If not included in	line 4:						
	4a. Real estate t	axes				4	ła	
	4b. Property, hor	meowner's, or re	nter's insurance			4	łb	\$40.00
	4c. Home mainte	enance, repair, a	nd upkeep expenses			4	łc	
	4d. Homeowner'	s association or o	condominium dues			4	ld.	

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Deb	tor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number (if known)	16-11077
					Your e	expenses
5.	Add	litional mortgage	e payments for your resid	ence, such as home equity loans	5	
6.	Utili	ties:				
	6a.	Electricity, heat,	natural gas		6a	\$250.00
	6b.	Water, sewer, ga	arbage collection		6b	\$100.00
	6c.	Telephone, cell cable services	phone, Internet, satellite, a	nd	6c	\$130.00
	6d.		Mobile Phone		6d.	\$100.00
7.		d and housekee				\$728.00
8.	Chil	dcare and child	ren's education costs		8.	\$1,072.00
9.	Clo	hing, laundry, a	nd dry cleaning		9.	\$40.00
10.	Per	sonal care produ	ucts and services		10.	\$20.66
11.	Med	lical and dental	expenses		11.	\$50.00
12.		nsportation. Incl . Do not include	ude gas, maintenance, bus car payments.	s or train	12	\$100.00
13.		ertainment, club gazines, and boo	s, recreation, newspapers	s,	13	
14.	Cha	ritable contribut	tions and religious donati	ons	14	
15.		irance.				
			, ,	y or included in lines 4 or 20.		****
	15a				15a	\$100.00
	15b				15b	
	15c				15c	\$100.00
46	15d			our pour or included in lines 4 or 20	15d	
16.	Tax Spe		•	our pay or included in lines 4 or 20.	16	
17.	Inst	allment or lease	payments:			
	17a	. Car payments	for Vehicle 1		17a	
	17b	. Car payments	for Vehicle 2		17b	
	17c	Other. Specify	<i>y</i> :		17c	
	17d	Other. Specify	/: Pet expenses		17d	\$25.00
18.				support that you did not report as , Your Income (Official Form 106I).	18	
19.		er payments you	u make to support others	who do not live with you.	19	

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Debtor 1	Carolyn	Sonja	Pehrson	Case number (if known)	16-11077
	First Name	Middle Name	Last Name		
	er real propert nedule I: Your I		lines 4 or 5 of this form or on		
20a	. Mortgages o	n other property		20a	
20b	. Real estate t	taxes		20b	
200	. Property, ho	meowner's, or renter's insura	nce	20c	
200	I. Maintenance	e, repair, and upkeep expense	es	20d	
20e	. Homeowner'	s association or condominiur	n dues	20e	
21. Oth	er. Specify:			21. +	
2. Cal	culate your mo	onthly expenses.			
22a	. Add lines 4 t	hrough 21.		22a	\$4,800.66
22b	. Copy line 22	(monthly expenses for Debte	or 2), if any, from Official Form	106J-2. 22b	
220	. Add line 22a	and 22b. The result is your	monthly expenses.	22c	\$4,800.66
23. Cal	culate your mo	onthly net income.			
23a	. Copy line 12	(your combined monthly incompared to the compared to the combined monthly incompared to the compared to the	ome) from Schedule I.	23a	\$4,900.66
23b	. Copy your m	nonthly expenses from line 22	c above.	23b. _ _	\$4,800.66
230		r monthly expenses from you your monthly net income.	r monthly income.	23c	\$100.00
24. Do	you expect an	increase or decrease in you	ır expenses within the year a	fter you file this form?	
			our car loan within the year or nodification to the terms of you	, , , , ,	
□	No. Yes. Explain Childre	here: en to start after school ca	re September 2016		

Fill in this information to identify your case:								
Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name					
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name					
United States Bar	nkruptcy Court for the	: WESTERN DISTR	ICT OF TEXAS					
Case number (if known)	16-11077							

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

		Your assets Value of what you own
•	Schedule A/B: Property (Official Form 106A/B)	\$0.00
	1a. Copy line 55, Total real estate, from Schedule A/B	Ψ0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$40,324.92
	1c. Copy line 63, Total of all property on Schedule A/B	\$40,324.92
P	Part 2: Summarize Your Liabilities	
		Your liabilities Amount you owe
	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$46,744.30
	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$4.4.093.04
	3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	. \$14,983.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	▶ \$103,828.0
	Your total liabilities	\$165,555.4
P	art 3: Summarize Your Income and Expenses	
	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$4,900.6
	Schedule J: Your Expenses (Official Form 106J)	\$4,800.6

Deb	otor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number (if known)16-11	077
P	art 4:	Answer Th	nese Questions for	r Administrative and	d Statistical Records	
6.		_	cruptcy under Chapter		s box and submit this form to the court with yo	ur other schedules
	✓ Ye		mig to report on this pa	it of the form. Officer this	y box and submit this form to the court wan yo	ar other softedules.
7.	What k	ind of debt do y	ou have?			
	بخا	•	•		those "incurred by an individual primarily for a 9g for statistical purposes. 28 U.S.C. § 159.	a personal,
			ot primarily consumer urt with your other sched		g to report on this part of the form. Check this	box and submit
8.				y Income: Copy your tota Line 11; OR, Form 122C-	al current monthly income from -1 Line 14.	\$5,434.70
9.	Copy tl	ne following sp	ecial categories of cla	ims from Part 4, line 6 o	f Schedule E/F:	
					Total claim	
	F	out 1 on Cobod				

Part 4 on Schedule E/F, copy the following:

9a. Domestic support obligations. (Copy line 6a.)

9b. Taxes and certain other debts you owe the government. (Copy line 6b.)

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)

9d. Student loans. (Copy line 6f.)

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

9g. Total. Add lines 9a through 9f.

\$0.00

\$104,469.05

Fill in this infe	ormation to i	dentify your case	:		
Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	_	
United States Bar	nkruptcy Court fo	or the: WESTERN DIS	STRICT OF TEXAS		
Case number (if known)	16-11077				Check if thi amended fi

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below										
Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?										
☑ No										
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).									
Under penalty of perjury, I declare that I have reat true and correct.	ad the summary and schedules filed with this declaration and that they are									
X /s/ Carolyn Sonja Pehrson Carolyn Sonja Pehrson, Debtor 1	XSignature of Debtor 2									
Date 09/30/2016 MM / DD / YYYY	Date MM / DD / YYYY									

Fill in this in	formation to id	dentify your case:			
Debtor 1	Carolyn	Sonja	Pehrson		
	First Name	Middle Name	Last Name		
Debtor 2) -				
(Spouse, if filing) First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for	the: WESTERN DIST	RICT OF TE	XAS	
Case number	<u>16-11077</u>			Chec	k if this is an
(if known)				ı — —	ided filing
Official Form	n 107				
		Affaira far Indi	duala F:	ling for Donley into	0.4/4.0
Statement	or Financiai	Attairs for indiv	/iduais Fi	ling for Bankruptcy	04/16
1. What is your ✓ Married ☐ Not marr 2. During the la	r current marital s ied ast 3 years, have y	tatus? you lived anywhere other you lived in the last 3 year Date:	ner than where	lude where you live now. Debtor 2:	Dates Debtor 2 lived there
				Same as Debtor 1	Same as Debtor
227 Curl	ley Dr	From	5/2005		From
Number 	Street	To .	6/2015	Number Street	To
Orchard City	Park NY			City State ZIP Code	
Oity	Sta	LI COUE		Ony State ZIF Code	
Debtor 1:			s Debtor 1 there	Debtor 2:	Dates Debtor 2 lived there
				Same as Debtor 1	☐ Same as Debtor
9477 He	athman Way	From	6/2015		From
Number	Street	To	1/2016	Number Street	To

Elk Grove

City

CA

95624

State ZIP Code

City

State ZIP Code

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Debtor 1	Carolyn First Name	Sonja Middle Nam	Pehrson Last Name	Case nui	mber (if known)	<u>, </u>	
I	Debtor 1:		Dates Debtor 1 lived there	Debtor 2:		Dates Debtor 2 lived there	
				☐ Same as Debte	or 1	Same as Debtor 1	
3	2601 S. Pavilior	Center Dr. #11	55 From 1/2016			From	
	Number Street		To 3/2016	Number Street		То	
-	Las Vegas	NV 8913					
(City	State ZIP C	ode	City	State ZIP Code		
		,	le H: Your Codebtors (Official I	Form 106H).			
Fill	in the total amoun	t of income you red case and you have	yment or from operating a bubeived from all jobs and all bus e income that you receive toge	sinesses, including par	t-time activities.	indar years:	
			Debtor 1		Debtor 2		
			Sources of income Check all that apply.	Gross income (before deductions and exclusions	Sources of income Check all that apply.	Gross income (before deductions and exclusions	
	nuary 1 of the cu		✓ Wages, commissions, bonuses, tips	\$16,666.64	Wages, commissions, bonuses, tips		
		. ,	Operating a business		Operating a business		
For the I	ast calendar yea	r:	✓ Wages, commissions,	\$15,264.00	☐ Wages, commissions,		
(January	1 to December 3	, <u>2015</u>) YYYY	bonuses, tips Operating a business		bonuses, tips Operating a business		
For the o	calendar year bef	ore that:	Wages, commissions, bonuses, tips	\$0.00	Wages, commissions, bonuses, tips		
(January	1 to December 3	, <u>2014</u>)	Operating a business		Operating a business		

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Case number (if known) ____**16-11077**

Pehrson

	First Name	Middle Name	Last Name								
5.	5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security; unemployment; and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are in a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. No Yes. Fill in the details.										
			Debtor 1		Debtor 2						
			Sources of income Describe below.	Gross income from each source (before deductions and exclusions	Sources of income Describe below.	Gross income from each source (before deductions and exclusions					
	m January 1 of the current year		Monetary gifts	\$7,106.61							

Carolyn

For the last calendar year:

(January 1 to December 31, 2015)

For the calendar year before that: (January 1 to December 31, __2014_)

Debtor 1

Sonja

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		Carolyn	Sonja	Pehrson		Case number (if known)		
		First Name	Middle Name	Last Name				
Р	art 3:	List Certain	n Payments You	Made Before `	You Filed for Ba	nkruptcy		
6.	Are eith	ner Debtor 1's o	Debtor 2's debts pr	imarily consume	r debts?			
	□ No.		or 1 nor Debtor 2 ha n individual primarily				d in 11 U.S.C. § 101(8) as	
		During the 90	days before you filed	for bankruptcy, d	id you pay any credit	or a total of \$6,425*	or more?	
		☐ No. Go to	line 7.					
		total	below each creditor to amount you paid that I support and alimony	creditor. Do not	include payments for	domestic support of	oligations, such as	
		* Subject to a	djustment on 4/01/19	and every 3 years	after that for cases	filed on or after the o	late of adjustment.	
	∀ Yes	. Debtor 1 or I	Debtor 2 or both have	e primarily consu	ımer debts.			
		During the 90	days before you filed	for bankruptcy, d	id you pay any credit	or a total of \$600 or	more?	
		☑ No. Go to	line 7.					
		cred	below each creditor to itor. Do not include p , do not include paym	ayments for dome	estic support obligation	ons, such as child su		
7.	Insiders corpora agent, ii	include your rel tions of which yo	atives; any general pa u are an officer, direc a business you opera	artners; relatives o tor, person in cont	f any general partne rol, or owner of 20%	rs; partnerships of whor more of their voting	who was an insider? nich you are a general partner; ng securities; and any managing s for domestic support obligations	
	□ No ☑ Yes	. List all paymer	nts to an insider.					
				Dates of payment	Total amount paid	Amount you still owe	Reason for this payment	
	b Rhode	es (spouse pai	d him)		\$200.00	\$800.00	repayment on loan	
111310	dei 3 Hairie			August 20	16			
Nun	nber Stre	eet						
Las	s Vegas		NV					
City			State ZIP Code					

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Deb	otor 1	Carolyn	Sonja			nrson	Case number (if I	known) _	16-110	77
В.		First Name 1 year before your ed an insider?	Middle I u filed for b			Name u make any payments or	transfer any prop	erty on a	ccount o	of a debt that
		payments on det	ots guarante	ed or cosigned	d by a	an insider.				
	✓ No ☐ Yes	s. List all paymer	its that bene	efited an inside	er.					
P	art 4:	Identify Leg	gal Actior	ns, Reposse	essi	ons, and Foreclosure	es			
9.	List all	-	uding perso	nal injury case	-	rou a party in any lawsuit nall claims actions, divorce			-	-
	✓ No ☐ Yes	s. Fill in the detai	ls.							
10.	D. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below.									ached,
	_	. Go to line 11. s. Fill in the inform	mation below	w.						
						scribe the property		Date		Value of the property
	erican l	Honda Finance	Corporat	ion	Vel	nicle		4/20)16	\$15,412.50
	Box 16									
Num		reet			Exp	olain what happened				
					ب	Property was repossessed	l.			
					=	Property was foreclosed. Property was garnished.				
I rvi City	ng		TX State	75016-8088 ZIP Code		Property was attached, sei	ized, or levied.			
11.						ny creditor, including a b yment because you owed		nstitution	ı, set off	any
	☑ No	s. Fill in the detai	ls.							
12.						ny of your property in the ranother official?	possession of an	assigne	e for the	e benefit of
	✓ No									

Debtor 1	Carolyn First Name	Sonja Middle Name		hrson : Name	Case number (if known	own) <u>16-11077</u>	
	First Name	Middle Name	Lasi	name			
Part 5:	List Certain Git	ts and Co	ontribution	s			
13. Withi	n 2 years before you fi	led for bank	ruptcy, did y	ou give any gifts wit	h a total value of more th	an \$600 per perso	n?
	lo						
☑ Y	es. Fill in the details for	each gift.					
	a total value of more the	han \$600	Describe	•		Dates you gave	Value
per perso			\$76.00 m	onthly		the gifts	\$042.00
	ernational Thom You Gave the Gift		_			5/2015-4/2016	\$912.00
	allowford Rd		_				
Number	Street						
			_				
Chattano		37421	_				
City	State	ZIP Code					
Person's re	elationship to you Char i	ity	_				
	n 2 years before you fi y charity?	led for bank	ruptcy, did y	ou give any gifts or o	contributions with a total	value of more tha	n \$600
	lo 'es. Fill in the details for	each gift or	contribution.				
	ontributions to charities more than \$600	s		Describe what you money	contributed	Date you contributed	Value
United W						2015	\$150.00
Charity's Na	ware Ave					2014	\$550.00
	Street					2014	Ψ330.00
Buffalo		NY	14209-2295				
City			ZIP Code	•			
	ontributions to charitie more than \$600	s		Describe what you		Date you contributed	Value
Goodwill				clothing furniture)	2015	\$3,900.00
Charity's Na						2010	Ψο,σου.σο
6000 S P	ark Ave Street					2014	\$360.00
	Street						
hamburg City	<u> </u>		14075 ZIP Code				
•	ontributions to charitie		∠ıı- Code	Describe what you	contributed	Date you	Value
	more than \$600	3		clothing furniture		contributed	v alut
Salvation						2015	\$150.00
Charity's Na						0044	# 000 00
	neca Street Street					2014	\$800.00
Buffalo		NY	14210 2425				
City			14210-2435 ZIP Code				

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Debtor 1	Carolyn First Name	Sonja Middle N		Name	Case number (if k	nown) <u>16-11077</u>	
	ontributions to more than \$600			Describe what you confurniture	ntributed	Date you contributed	Value
	h Redistributi	on Center				215	\$5,000.00
Charity's Na							
Number	Street						_
Courth W		NV	44420				
South Wa	ales	NY State	ZIP Code				
Part 6:	List Cert	ain Losses					
	-	-	nkruptcy or since	e you filed for bankrupt	cy, did you lose any	thing because of th	neft, fire,
	r disaster, or ga	mbling?					
	No ∕es. Fill in the de	etails.					
Part 7:	List Cert	ain Payment	s or Transfers	i			
16. Withi	in 1 year before	you filed for ba	nkruptcy, did yo	u or anyone else acting	on your behalf pay	or transfer any pro	perty to
-	-			preparing a bankruptcy	-		
		, bankruptcy pet	tion preparers, or	credit counseling agencie	es for services require	ed for your bankrupt	cy.
	No ∕es. Fill in the de	etails.					
Frad E V	Valker, P.C.			on and value of any prop fee \$1330.00	perty transferred	Date payment or transfer was	Amount of payment
Person Who			filing fee			made	
	tle Ridge Road	l	credit rep	oort fee \$75.00		9/17/2016	_
Number Suite 220	Street 0		Ellig lee	\$63.00			
Ounc 220	<u> </u>						_
Austin City		TX 78746 State ZIP Code	<u> </u>				
- 4							
Email or wel	bsite address						
Person Who	o Made the Paymer	t, if Not You					
InCharge Person Who	e Education Fo	oundation, Inc		on and value of any prop unseling course	perty transferred	Date payment or transfer was made	Amount of payment
2101 Park Center Dr., Ste. 310 Number Street					9/2016	\$25.00	
Orlando		FL 32835					
City		State ZIP Code	9				
Email or wel	bsite address						
Person Who	o Made the Paymer	t, if Not You					

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Debtor	r 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number (if I	known)	16-11077				
		1 year before yo	ou filed for bankru	ptcy, did you or anyone else vith your creditors or to mak			sfer any prope	rty to			
	-			t you listed on line 16.	to payments to your ordan	J. J.					
				. ,							
	☑ No ☑ Yes	s. Fill in the detai	ils.								
	Nithin 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?										
	nclude both outright transfers and transfers made as security (such as granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.										
	□ No ☑ Yes	s. Fill in the detai	ils.								
				Description and value of a	•			Date transfer			
		lortgage Received Transfer		property transferred 227 Curley Drive	Deed in Lieu	ots paid in exchange	was made Jan 2016				
1050	Wood	dward Ave		Ochard Park NY 14127	2004 III 2104	4000,0	.00.00				
Numbei	r Str	reet		_							
				_							
Detro	it	Тх	48226								
City		Sta		_							
Persor	n's rela	ationship to you _		_							
		-	-	cruptcy, did you transfer any a called asset-protection devic		rust or	similar device	of which			
_	☑ No ☐ Yes	s. Fill in the detai	ils.								
Part	t 8:	List Certain	n Financial Acc	counts, Instruments, Sa	afe Deposit Boxes, an	d Stor	age Units				
				ptcy, were any financial acc	ounts or instruments held	in your	name, or for y	our			
			noved, or transfer					handanana			
			•	or other financial accounts; ce ciations, and other financial in	•	in banks	s, credit unions,	brokerage			
	□ No ☑ Yes	s. Fill in the detai	ils.								
				Last 4 digits of account number	Type of account or instrument	was sold,	closed,	Last balance before closing or transfer			
Wells Name o		jo ncial Institution		_							
140	, i			XXXX		A	pril 2016				
Numbei	r Str	reet		_	☐ Savings ☐ Money market						
				_	☐ Brokerage						
۰ ادمی	n	т.,	,		Other						
Austii City		Tx Sta		_							

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Debtor 1	Carolyn First Name	Sonja Middle Na	Pehrson me Last Name	Case number (if known)	16-11077		
		did you have w	within 1 year before you filed for bankruptcy, any safe deposit box or other depository				
I	No Yes. Fill in the deta	ails.					
	re you stored prop No Yes. Fill in the deta		e unit or place other than your hor	ne within 1 year before you filed	d for bankruptcy?		
_			Who else has or had access to it	? Describe the contents	Do you still have it?		
	sters Transporta torage Facility	ation Group	McCollisters only. Not Debto	houshold items	□ No ☑ Yes		
PO Box Number	37794 Street		Number Street				
Baltimo City	ore MD	21297-3794 ZIP Code	City State ZIP C	ode			
Oity	State	Zii Gode	Who else has or had access to it		Do you still have it?		
	oving Systems torage Facility		Cook only. Not Debtor	houshold items	☐ No ☑ Yes		
1845 Da Number	ale Road Street		Number Street				
Buffalo City	NY State	14225 ZIP Code	City State ZIP C	ode			
Part 9	_		Hold or Control for Someon				
	you hold or contro oold in trust for so		that someone else owns? Include	any property you borrowed fro	m, are storing for,		
	No Yes. Fill in the deta	ails.					
			Where is the property?	Describe the property	Value		
Cort Fu Owner's N				Rental Furniture	\$1,000.00		
9821 No Number	Street A		Debtors residence Number Street				
Austin City	Tx State	78750 ZIP Code	City State 710 C	ode.			
City	State	ZIP Code	City State ZIP C	oue			

		_							
Deb	otor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number (if known)				
		ı							
Р	Part 10: Give Details About Environmental Information								
For	the purp	ose of Part 10,	the following definit	ions apply:					
ı	Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substance, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.								
	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.								
	 Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar item. 								
Rep	oort all no	otices, releases	s, and proceedings th	nat you know about, re	egardless of when they occurred.				
24.	Has any law?	/ governmental	l unit notified you tha	at you may be liable o	r potentially liable under or in violation of an environmental				
	✓ No ☐ Yes	. Fill in the deta	ails.						
25.	Have yo	ou notified any	governmental unit o	f any release of hazar	dous material?				
	☑ No □ Yes	. Fill in the deta	ails						
26.				ministrative proceedi	ng under any environmental law? Include settlements and				
	✓ No ☐ Yes	. Fill in the deta	ails.						
Р	art 11:	Give Detai	Is About Your Bu	usiness or Connec	ctions to Any Business				
27.	Within 4		you filed for bankrup	otcy, did you own a bu	siness or have any of the following connections to any				
		A member of a A partner in a An officer, dire	a limited liability compa partnership ector, or managing exe	a a trade, profession, or any (LLC) or limited liab ecutive of a corporation g or equity securities of					
	ب		ove applies. Go to Pa apply above and fill in	art 12. n the details below for e	each business.				
28.		-	you filed for bankrup s, creditors, or other		ancial statement to anyone about your business? Include				
	□ No □ Yes	. Fill in the deta	ails below.						

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Debtor 1	Carolyn	Sonja	Pehrson	Case number (if known) _ 16-11077
	First Name	Middle Name	Last Name	· · · · · · · · · · · · · · · · · · ·
Part 12	Sign Belov	v		
that answe property b	ers are true and only fraud in connection	correct. I understand	that making a false state	achments, and I declare under penalty of perjury ment, concealing property, or obtaining money or s up to \$250,000, or imprisonment for up to 20 years,
X /s/ Car	olyn Sonja Peh	rson	x	
Carolyn	Sonja Pehrson, D	Debtor 1	Signature of Debt	or 2
Date _	09/30/2016		Date	
Did you at	tach additional p	ages to Your Stateme	nt of Financial Affairs for	Individuals Filing for Bankruptcy (Official Form 107)?
✓ No ☐ Yes				
Did you pa	ay or agree to pay	y someone who is not	an attorney to help you	fill out bankruptcy forms?
√ No				
	Name of person			Attach the Bankruptcy Petition Preparer's Notice,
_	_			Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

- You are an individual filing for bankruptcy, and
- Your debts are primarily consumer debts.
 Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of the Bankruptcy Code:

- Chapter 7 -- Liqudation
- Chapter 11 -- Reorganization
- Chapter 12 -- Voluntary repayment plan for family farmers or fishermen
- Chapter 13 -- Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7: Liquidation

-	\$75	filing fee administrative fee trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that the even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

- most taxes;
- most student loans:
- domestic support and property settlement obligations;

- most fines, penalties, forfeitures, and criminal restitution obligations; and
- certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

- fraud or theft;
- fraud or defalcation while acting in breach of fiduciary capacity;
- intentional injuries that you inflicted; and
- death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A-1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A-2).

If your income is above the median for your state, you must file a second form--the *Chapter 7 Means Test Calculation* (Official Form 122A-2). The calculations on the form-sometimes called the *Means Test*--deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If your income is more than the median income

for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

+		filing fee administrative fee
	\$1 717	total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

+		filing fee administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

+		filing fee administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

- domestic support obligations,
- most student loans,
- certain taxes,
- debts for fraud or theft,
- debts for fraud or defalcation while acting in a fiduciary capacity,
- most criminal fines and restitution obligations,
- certain debts that are not listed in your bankruptcy papers.
- certain debts for acts that caused death or personal injury, and
- certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and local rules of the court.

For more information about the documents and their deadlines, go to:

http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

- If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury--either orally or in writing--in connection with a bankruptcy case, you may be fined, imprisoned, or both.
- All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together-called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from:

http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html.

In Alabama and North Carolina, go to:

http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

In	re Carolyn Sonja Pehrson	Case No.	16-11077			
		Chapter	13			
	DISCLOSURE OF COMPENSATION OF A	ATTORNEY FOR	DEBTOR			
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that that compensation paid to me within one year before the filing of the peti services rendered or to be rendered on behalf of the debtor(s) in contemis as follows:	ition in bankruptcy, or	agreed to be paid to me, for			
	For legal services, I have agreed to accept	\$:	3,900.00			
	Prior to the filing of this statement I have received	\$	1,330.00			
	Balance Due	\$2	2,570.00			
2.	The source of the compensation paid to me was: ☐ Other (specify)					
3.	The source of compensation to be paid to me is:					
	✓ Debtor ☐ Other (specify)					
4.	✓ I have not agreed to share the above-disclosed compensation with associates of my law firm.	any other person unle	ss they are members and			
	I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.					
5.	In return for the above-disclosed fee, I have agreed to render legal servi	ice for all aspects of th	e bankruptcy case, including:			
	a. Analysis of the debtor's financial situation, and rendering advice to the bankruptcy;	e debtor in determinin	g whether to file a petition in			
	b. Preparation and filing of any petition, schedules, statements of affairs	and plan which may b	pe required;			
	c. Representation of the debtor at the meeting of creditors and confirma	ation hearing, and any	adjourned hearings thereof			

B2030 (Form 2030) (12/15)

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

The fee does not include any other service then those specifically set forth above. Any agreement to provide additional services must be in writing. The amount disclosed above does not include the filing fee paid for this

matter with the court which was handled by Debtor's attorney.

CERTIFICATION

Bar No. 24043840

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

09/30/2016 /s/ Kimberly Nash

Date

Kimberly Nash
Fredrick E. Walker PC
609 Castle Ridge Rd., Ste. 220

Austin, TX 78746

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Carolyn Sonja Pehrson CASE NO 16-11077

CHAPTER 13

Scheme Selected: Federal

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
1.	Real property	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
3.	Motor vehicles (cars, etc.)	\$21,750.00	\$27,944.36	\$3,073.50	\$3,073.50	\$0.00
4.	Water/Aircraft, Motor Homes, Rec. veh. and access.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
6.	Household goods and furnishings	\$12,921.00	\$27,559.00	\$2,380.00	\$2,380.00	\$0.00
7.	Electronics	\$345.00	\$0.00	\$345.00	\$345.00	\$0.00
8.	Collectibles of value	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
9.	Equipment for sports and hobbies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
10.	Firearms	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
11.	Clothes	\$900.00	\$0.00	\$900.00	\$900.00	\$0.00
12.	Jewelry	\$1,510.00	\$0.00	\$1,510.00	\$1,510.00	\$0.00
13.	Non-farm animals	\$1.00	\$0.00	\$1.00	\$1.00	\$0.00
14.	Unlisted pers. and household itemsincl. health aids	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
16.	Cash	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
17.	Deposits of money	\$2,645.92	\$0.00	\$2,645.92	\$2,645.92	\$0.00
18.	Bonds, mutual funds or publicly traded stocks	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
19.	Non-pub. traded stock and int. in businesses	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
20.	Govt. and corp. bonds and other instruments	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
21.	Retirement or pension accounts	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
22.	Security deposits and prepayments	\$250.00	\$0.00	\$250.00	\$250.00	\$0.00
23.	Annuities	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
24.	Interests in an education IRA	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
25.	Trusts, equit. or future int. (not in line 1)	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
26.	Patents, copyrights, and other intellectual prop.	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
27.	Licenses, franchises, other general intangibles	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
28.	Tax refunds owed to you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Carolyn Sonja Pehrson CASE NO 16-11077

CHAPTER 13

Scheme Selected: Federal

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet # 1

Exemption Totals by Category:

(Values and liens of surrendered property are NOT included in this section)

No.	Category	Gross Property Value	Total Encumbrances	Total Equity	Total Amount Exempt	Total Amount Non-Exempt
29.	Family support	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
30.	Other amounts someone owes you	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
31.	Interests in insurance policies	\$2.00	\$0.00	\$2.00	\$2.00	\$0.00
32.	Any int. in prop. due you from someone who has died	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
33.	Claims vs. third parties, even if no demand	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
34.	Other contin. and unliq. claims of every nature	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
35.	Any financial assets you did not already list	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
38.	Accounts rec. or commissions you already earned	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
39.	Office equipment, furnishings, and supplies	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
40.	Mach., fixt., equip., bus. suppl., tools of trade	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
41.	Inventory	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
42.	Interests in partnerships or joint ventures	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
43.	Customer and mailing lists, or other compilations	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
44.	Any business-related property not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
47.	Farm animals	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
48.	Cropseither growing or harvested	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
49.	Farm/fishing equip., impl., mach., fixt., tools	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
50.	Farm and fishing supplies, chemicals, and feed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
51.	Farm/commercial fishing-related prop. not listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
53.	Any other property of any kind not already listed	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	TOTALS:	\$40,324.92	\$55,503.36	\$11,107.42	\$11,107.42	\$0.00

UNITED STATES BANKRUPTCY COURT WESTERN DISTRICT OF TEXAS AUSTIN DIVISION

IN RE: Carolyn Sonja Pehrson CASE NO 16-11077

CHAPTER 13

SCHEDULE C-1 (SUPPLEMENTAL EXEMPTION ANALYSIS)

Continuation Sheet #2

Surrendered Property:

The following property is to be surrendered by the debtor. Although this property is NOT exempt, it is NOT considered "non-exempt" for purposes of this analysis. The below listed items are to be returned to the lienholder.

The following property, or a portion thereof, is non-exempt.

Property Description	Market Value	Lien	Equity	Non-Exempt Amount
----------------------	--------------	------	--------	-------------------

Real Property

(None)

Personal Property

(None)

TOTALS:	\$0.00	\$0.00	\$0.00	\$0.00

Summary	
A. Gross Property Value (not including surrendered property)	\$40,324.92
B. Gross Property Value of Surrendered Property	\$0.00
C. Total Gross Property Value (A+B)	\$40,324.92
D. Gross Amount of Encumbrances (not including surrendered property)	\$55,503.36
E. Gross Amount of Encumbrances on Surrendered Property	\$0.00
F. Total Gross Encumbrances (D+E)	\$55,503.36
G. Total Equity (not including surrendered property) / (A-D)	\$11,107.42
H. Total Equity in surrendered items (B-E)	\$0.00
I. Total Equity (C-F)	\$11,107.42
J. Total Exemptions Claimed (Wild Card Used: \$2,895.92, Available: \$10,204.08)	\$11,107.42
K. Total Non-Exempt Property Remaining (G-J)	\$0.00

F	ill in this inf	ormation to identi	fy your case:			Check as	directed in lines 1	7 and 21:
D	ebtor 1	Carolyn	Sonja	Pehrson		According to	the calculations require	ed by this
			Middle Name	Last Name		Statement:		
	ebtor 2 Spouse, if filing)	First Name N	Middle Name	Last Name			ble income is not deter 1 U.S.C. § 1325(b)(3).	mined
		nkruptcy Court for the: \(\)	WESTERN DIST	RICT OF TEXAS	<u> </u>		ble income is determine 1 U.S.C. § 1325(b)(3).	ed
		46 44077				3 The com	nmitment period is 3 year	ars
	ase number known)	16-11077					nmitment period is 5 year	
 ∩f	ficial Form	122C-1				Check if the	his is an amended filing	
			C	Manthlylne				
		Statement of Yotion of Commit			ome			12/15
info	ormation applie	space is needed, attaces. On the top of any a	dditional pages,	write your name a				
1.	What is your	marital and filing statu	s? Check one on	ly.				
	☐ Not mari	ried. Fill out Column A,	lines 2-11.					
	✓ Married.	Fill out both Columns A	A and B, lines 2-1	1.				
	bankruptcy c August 31. If in the result.	rage monthly income to ase. 11 U.S.C. § 101(1) the amount of your mon Do not include any incorrect property in one column.	IOA). For example of the state	e, if you are filing on d during the 6 month han once. For exa	n Septemberhs, add the mple, if both	er 15, the 6-mont income for all 6 th spouses own t	h period would be Mard months and divide the he same rental property	ch 1 through total by 6. Fill
						Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.		rages, salary, tips, bon roll deductions).	uses, overtime, a	and commissions		\$2,083.33	\$7,700.27	
3.	Alimony and	maintenance payment	s. Do not include	payments from a s	spouse.	\$0.00	\$0.00	
4.	expenses of y regular contrib your depende	from any source which you or your dependent outions from an unmarrie nts, parents, and roomm ot include payments you	es, including child ed partner, member nates. Do not incl	d support. Include ers of your househo	old,	\$0.00	\$0.00	
5.	Net income fr	rom operating a busine	ess, profession, o	or farm				
			Debtor 1	Debtor 2				
	Gross receipts deductions)	s (before all	\$0.00	\$0.00				
	Ordinary and i	necessary operating -	\$0.00	\$0.00	Сору			
	Net monthly in profession, or	ncome from a business, farm	\$0.00	\$0.00	here →	\$0.00	\$0.00	

Deb	tor 1	Carolyn First Name	Sonja Middle Na		rson Jame		Case numb	er (if kno	wn) <u>16</u>	<u>-11077</u>			_
		. 10. 10.10					Column Debtor	1	Column Debtor non-fili		se		
6.	Net	income from rental a	and other rea	al property									
				Debtor 1	Debtor 2								
		ss receipts (before all uctions)		\$0.00	\$0.00								
		nary and necessary o	pperating -	\$0.00 _	\$0.00	Сору							
		monthly income from r real property	rental or	\$0.00	\$0.00	here -	\$\$	0.00		\$0.00			
7.	Inte	est, dividends, and	royalties				\$	0.00		\$0.00			
8.	Une	mployment compen	sation				\$	0.00		\$0.00			
		ot enter the amount i efit under the Social S											
	F	or you			-								
		or your spouse											
9.		sion or retirement in a benefit under the S			ount received that		\$	0.00		\$0.00			
	or pa or in sepa	unt. Do not include a ayments received as a ternational or domest arate page and put the netary gifts 3/16-8/	a victim of a vict	war crime, a crime	against humanity	,	\$1,35	<u>1.10</u>					
	—— Tota	I amounts from separ	rate pages, if	anv.									
11.	Calc Add	culate your total averallines 2 through 10 for add the total for Col	rage monthly r each columi	/ income. n.		'	\$3,43	4.43 +	\$7	7,700.27]=[\$11,134.70	
	11101			total for Column 2								al average nthly income	ļ.
Pa	art 2	Determine H	low to Me	asure Your De	ductions fron	n Incom	ne						
12.	Cop	y your total average	monthly inc	ome from line 11.								\$11,134.70	_
13.	Calc	ulate the marital ad	justment. C	heck one:									
		You are not married. You are married and You are married and Fill in the amount of	your spouse	is filing with you. is not filing with yo	ou.	NOT roqu	larly paid fo	r the hou	cohold	ovnoncos			
		of you or your depen than you or your dep Below, specify the ba necessary, list additi	idents, such a endents. asis for exclu	as payment of the s	spouse's tax liabil	ity or the	spouse's su	ipport of	someor				
		If this adjustment do	es not apply,	enter 0 below.									
		Spouses are sepa	arated			\$	5,700.00						
					+								
		Total			······································	\$	5,700.00	Copy I	nere •	→		\$5,700.00	
14	Varre	r aurrant manthli-!	oomo Culta	east the total in line	12 from line 12							\$5 434 70	1

Deb	otor 1		arolyn rst Name	Sonja Middle Name		nrson Name		Case number (if known) 16-11	077	
15.	Calc			onthly income for			ese steps:			
				-	-					\$5,434.70
				12 (the number of n					_	(12
	15b.						is nart of the	form	Г	\$65,216.40
16			·	•			·		L=	 _
10.				ily income that ap	piles to y	ou. Follow	Texas	.		
			in the state in wh	•						
	16b.	FIII	in the number of	people in your hou	senold.		3			
	16c.	Tof	find a list of appli		ne amour	nts, go onlir	ne using the I	link specified in the separate tcy clerk's office.	······ _	\$62,710.00
17.	How	do th	ne lines compare	?						
	17a.			•		•		this form, check box 1, <i>Disposable in</i> lation of Your Disposable Income (O		
	17b.	Ø	11 U.S.C. § 132		t 3 and fi	II out Calc	ulation of Yo	check box 2, <i>Disposable income is d</i> our Disposable Income (Official Fo e 14 above.		
Р	art 3:		Calculate You	ur Commitmen	t Period	d Under	11 U.S.C.	§ 1325(b)(4)		
18.	Copy	y you	r total average n	nonthly income fro	om line 1	1				\$11,134.70
19.	that	calcul	•	ment period under	•		•	is not filing with you, and you conten u to deduct part of your spouse's	ıd	
	19a.	If th	ne marital adjustn	nent does not apply	, fill in 0 c	on line 19a.				\$5,700.00
	19b.	Sul	otract line 19a fr	om line 18.						\$5,434.70
20.	Calc	ulate	your current mo	onthly income for	the year.	Follow the	ese steps:			
	20a.	Cop	by line 19b						····· _	\$5,434.70
		Mul	Itiply by 12 (the n	umber of months in	a year).				>	(12
	20b.	The	e result is your cu	rrent monthly incon	ne for the	year for thi	s part of the	form.	L_	\$65,216.40
	20c.	Cop	by the median far	nily income for you	r state an	d size of ho	ousehold fron	m line 16c	<u>[</u>	\$62,710.00
21.	How	do th	ne lines compare	e?					_	
				ine 20c. Unless otl mitment period is 3		-		the top of page 1 of this form,		
				or equal to line 200			-	he court, on the top of page 1		

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Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number (if known) 16-11077	
	- I iist ivaine	Widdle Name	East Name		
Part 4:	Sign Belov	N .			
By sig	ning here under i	penalty of periury I decl	lare that the information	on this statement and in any attachments is true and correct.	
_, o.g.	g	politicity of politicity i acci			
χ <u>/s/</u>	Carolyn Sonja	Pehrson		X	
Ca	rolyn Sonja Pehrs	son, Debtor 1		Signature of Debtor 2	
Da	te 9/30/2016			Date	
	MM / DD / YY	YY		MM / DD / YYYY	

If you checked 17a, do NOT fill out or file Form 122C-2.

If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Fill in this infe	ormation to i	dentify your case	:
Debtor 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name
Debtor 2			
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bar	nkruptcy Court fo	r the: WESTERN DIS	STRICT OF TEXAS
Case number	<u>16-11077</u>		
(if known)			

Official Form 122C-2

Chapter 13 Calculation of Your Disposable Income

04/16

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 122C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Deductions from Your Income

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 122C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 122C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

5. The number of people used in determining your deductions from income

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

3

National Standards You must use the IRS National Standards to answer the questions in lines 6-7.

6. Food, clothing and other items: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items.

\$1,249.00

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

People who are under 65 years of age					
7a. Out-of-pocket health care allowance per person	\$54.00				
7b. Number of people who are under 65	x3	Сору			
7c. Subtotal. Multiply line 7a by line 7b.	\$162.00	here →	\$162.00		
People who are 65 years of age or older					
7d. Out-of-pocket health care allowance per person	\$130.00				
7e. Number of people who are 65 or older	x	Сору			
7f. Subtotal. Multiply line 7d by line 7e.	\$0.00	here -	+\$0.00	Сору	
7g. Total. Add lines 7c and 7f			\$162.00	here -	\$162.00

Debto	r 1	Carolyn	Sonja	Pehrson	Case number (if known) 16-11077	
		First Name	Middle Name	Last Name		
Loc	al St	andards	You must use the IRS	Local Standards to answer	the questions in lines 8-15.	
			from the IRS, the U.S. To es into two parts:	rustee Program has divide	d the IRS Local Standard for housing	
		_	s Insurance and opera s Mortgage or rent ex	• .		
the	link		e separate instructions t		t. To find the chart, go online using ay also be available at the	
8.				erating expenses: Using the for insurance and operating		\$562.00
9.	Hou	sing and utilit	ies Mortgage or rent e	expenses:		
	9a.		nber of people you entere y for mortgage or rent exp	d in line 5, fill in the dollar ar penses.	mount listed \$1,497.00	
	9b.	Total average your home.	monthly payment for all r	mortgages and other debts s	secured by	
		contractually of		payment, add all amounts the itor in the 60 months after you		
		Name of the	creditor	Average mont payment	hly	
					_	
					_	
				+		
		9b. Total ave	rage monthly payment	\$0.00	Copy here - \$0.00 Repeat this amount on line 33a.	
	9c.	Net mortgage	or rent expense.			
			Bb (total average monthly . If this number is less th	payment) from line 9a (mort an \$0, enter \$0.	gage or \$1,497.00 Copy here → \$1	,497.00
10.	-		_	n's division of the IRS Loca ly expenses, fill in any add	al Standard for housing is incorrectitional amount you claim.	
	Exp why					
11.	Loc	•	· ·	e number of vehicles for which	ch you claim an ownership or operating expense.	
		0. Go to line ?1. Go to line ?2 or more. Go	12.			
12.		icle operation	expense: Using the IRS		umber of vehicles for which you claim the segion or metropolitan statistical area.	\$220.00

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	Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case n	umber (if known)	10-110//	
Vehicle expens	e ownership or se for each vehic	lease expense: Usion	ng the IRS Local Standards, not claim the expense if you of the expense for more than tw	do not make any l			
Vehicle	e 1 Descrik	pe Vehicle 1: 2005	i Honda Odyssey				
13a. O	wnership or leas	sing costs using IRS I	Local Standard		\$471.00	-	
13b. A	verage monthly	payment for all debts	secured by Vehicle 1.				
D	o not include co	sts for leased vehicle	es.				
ar	mounts that are		nent here and on line 13e, adeach secured creditor in the 6 de by 60.				
	Name of each o	creditor for Vehicle 1	1 Average month payment	nly			
<u>80</u>	00 Loanmart		<u>\$54.40</u>				
				1 -		Repeat this amount on	
	Т	otal average monthly	y payment \$54.40	Copy here	\$54.40	line 33b.	
	et Vehicle 1 owr	nership or lease expe		here →	\$54.40	Copy net Vehicle 1 expense	\$416.6
	let Vehicle 1 owr ubtract line 13b	nership or lease expe	nse.	here →		Copy net Vehicle 1 expense	\$416.6 <u>.</u>
Vehicle	let Vehicle 1 owr ubtract line 13b e 2 Describ	nership or lease exper from line 13a. If this ne Vehicle 2:	nse. number is less than \$0, ente	nere →	\$416.60	Copy net Vehicle 1 expense	\$416.60
Vehicle 13d. O	let Vehicle 1 owr ubtract line 13b le 2 Describ	nership or lease experifrom line 13a. If this pe Vehicle 2:	nse.	here →	\$416.60	Copy net Vehicle 1 expense	\$416.6
Vehicle 13d. O	Describeration of lease verage monthly osts for leased v	nership or lease experifrom line 13a. If this pe Vehicle 2:	nse. number is less than \$0, ente Local Standard	r \$0.	\$416.60	Copy net Vehicle 1 expense	\$416.6
Vehicle 13d. O	Describeration of lease verage monthly osts for leased v	nership or lease experifrom line 13a. If this the Vehicle 2: sing costs using IRS I payment for all debts ehicles.	nse. number is less than \$0, ente Local Standard	r \$0.	\$416.60	Copy net Vehicle 1 expense here	\$416.6 <u>.</u>
Vehicle 13d. O	Describer the property of the	nership or lease experifrom line 13a. If this the Vehicle 2: sing costs using IRS I payment for all debts ehicles.	nse. number is less than \$0, ente Local Standard	r \$0.	\$416.60	Copy net Vehicle 1 expense	\$416.6
Vehicle 13d. Or 13e. Av cc	det Vehicle 1 owr ubtract line 13b de 2 Describ dwnership or lease verage monthly osts for leased v Name of each o	nership or lease experifrom line 13a. If this pe Vehicle 2: sing costs using IRS I payment for all debts rehicles. creditor for Vehicle 2	nse. number is less than \$0, ente Local Standard	here → r \$0. tot include copy here →	\$416.60	Copy net Vehicle 1 expense here Repeat this amount on	\$416.60 \$0.00

Debto		Sonja	Pehrson	Case number (if known) 16-11077				
15.	•	•	•	icles in line 11 and if you claim that you may	\$0.00			
			e, you may fill in what you belie I for Public Transportation.	ve is the appropriate expense, but you may				
Othe	r Necessary Expense	In addition to following IRS	•	above, you are allowed your monthly expenses	s for the			
	16. Taxes: The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes.							
17.	7. Involuntary deductions: The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.							
	filing together, include	payments that you m	ake for your spouse's term life	rm life insurance. If two married people are insurance. filing spouse's life insurance, or for any	\$100.00			
19.	agency, such as spous	sal or child support pa	ayments.	uired by the order of a court or administrative port. You will list these obligations in line 35.	\$0.00			
20.	 20. Education: The total monthly amount that you pay for education that is either required: as a condition for your job, or for your physically or mentally challenged dependent child if no public education is available for similar services. 							
21.	 Childcare: The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. Do not include payments for any elementary or secondary school education. 							
22.	22. Additional health care expenses, excluding insurance costs: The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. Payments for health insurance or health savings accounts should be listed only in line 25.							
	for you and your deper phone service, to the e of income, if it is not re Do not include paymer	ndents, such as page extent necessary for y imbursed by your em nts for basic home tel	rs, call waiting, caller identifica your health and welfare or that iployer. ephone, internet and cell phor	t that you pay for telecommunication services ation, special long distance, or business cell of your dependents or for the production be service. Do not include self-employment y amount you previously deducted.	+\$85.00			
24.	Add all of the expens Add lines 6 through 23		e IRS expense allowances.		\$6,234.60			
Add	tional Expense Dedu		re additional deductions allowed onot include any expense allo					
25.	•	surance, and health s	•	xpenses. The monthly expenses for health onably necessary for yourself, your				
	Health insurance		\$0.00					
	Disability insurance		\$0.00					
	Health savings accour	nt	+\$0.00					
	Total		\$0.00 Copy	total here	\$0.00			
	Do you actually spend	this total amount?						
	No. How much d✓ Yes	o you actually spend?						
	will continue to pay for member of your house	the reasonable and rehold or member of you	necessary care and support of	The actual monthly expenses that you an elderly, chronically ill, or disabled able to pay for such expenses. These param. 26 U.S.C. § 529A(b).	\$0.00			

Debto	r 1 Carolyn First Name	Sonja Middle Name	Pehrson Last Name	Case number (if known) 16-11077					
27.	27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential.								
28.	28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8.								
	If you believe that you line 8, then fill in the ex	0,		home energy costs included in expenses on					
	You must give your ca amount claimed is reas		,	es, and you must show that the additional					
29.	9. Education expenses for dependent children who are younger than 18. The monthly expenses (not more than \$160.42* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.								
	You must give your ca claimed is reasonable								
	* Subject to adjustmen	nt on 4/01/19, and eve	ry 3 years after that for cas	ses begun on or after the date of adjustment.					
30.	higher than the combin	ned food and clothing		ch your actual food and clothing expenses are ional Standards. That amount cannot be more dards.					
		•	onal allowance, go online on the bank	using the link specified in the separate cruptcy clerk's office.					
	You must show that the	e additional amount cl	aimed is reasonable and ı	necessary.					
31.	•		amount that you will continization. 11 U.S.C. § 548(nue to contribute in the form of cash or financial d)(3) and (4).	+	\$0.00			
	Do not include any am	ount more than 15% o	of your gross monthly inco	me.					
32.	Add all of the addition Add lines 25 though 3	•	ons.			\$0.00			

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle toans, and other secured debt, fill in lines 33 through 35e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home 33a. Copy line 9b here	Debto	or 1	Caro		Sonja				Case number (if known) 16-11077			
33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home 33a. Copy line 9b here			First N	ame	Middle Name	Last Name						
toans, and other secured debt, fill in lines 33a through 33e. To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60. Average monthly payment Mortgages on your home 3a. Copy line 9b here	Dec	Deductions for Debt Payment										
Average monthly payment Mortgages on your home 3a. Copy line 9b here	33.											
Mortgages on your home 33a. Copy line 9b here					•	•		contract	ually dı	ue to each secure	d creditor in	
Mortgages on your home 33a. Copy line 9b here										•		
Loans on your first two vehicles 33b. Copy line 13b here			Mort	gages on your	home				•	.,		
33b. Copy line 13b here		33a.	Сору	line 9b here					→	\$0.00		
33c. Copy line 13e here			Loan	s on your first	two vehicles							
33d. List other secured debts: Name of each creditor for other secures the debt include taxes or insurance? American Honda Finance Corpora 2012 Honda CRV		33b.	Сору	line 13b here					→	\$54.40		
Name of each creditor for other secured debt Secures the debt Sec		33c.	Сору	line 13e here					+	\$0.00		
American Honda Finance Corpora 2012 Honda CRV		33d.	List o	ther secured de	ebts:							
Yes								include taxes or				
33e. Total average monthly payment. Add lines 33a through 33d		Ame	erican Honda Finance Corpora		ce Corpora	2012 Honda CR	2V			\$626.72		
33e. Total average monthly payment. Add lines 33a through 33d								⊔				
33e. Total average monthly payment. Add lines 33a through 33d												
33e. Total average monthly payment. Add lines 33a through 33d										-		
34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that Total cure Monthly cure amount										¢691.12	Copy total	# CO4 40
necessary for your support or the support of your dependents? No. Go to line 35. Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that Total cure Monthly cure amount				•			•			·	_	\$001.12
Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that secures the debt Total cure amount	34.											
Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below. Name of the creditor Identify property that Total cure Monthly cure amount		_	No (Go to line 35								
secures the debt amount		=	Yes.	State any amou	•		•			•	•	
÷ 60 = ÷ 60 = † Total \$0.00 \$0.0	Nan	ne of t	the cre	ditor								
÷ 60 = ÷ 60 = † Total \$0.00 \$0.0								<u></u> ∸ 6	SO =			
÷ 60 = + Total \$0.00					-			— · `				
Total \$0.00 \$								÷6	60 =			
35. Do you owe any priority claimssuch as a priority tax, child support, or alimonythat are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.	_						_	÷6	80 = -	<u> </u>		
alimonythat are past due as of the filing date of your bankruptcy case? 11 U.S.C. § 507. No. Go to line 36. Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.								Т	otal	\$0.00		\$0.00
Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.	35.	alimo	onyth	at are past due								
current or ongoing priority claims, such as those you listed in line 19.		П	No.	Go to line 36.								
Total amount of all past-due priority claims												
			-	Total amount of	all past-due p	oriority claims				\$12,218.44	÷ 60 =	\$203.64

Debto	or 1	Carolyn First Name	Sonja Middle Name	Pehrson Last Name		_ Case	number (if known)	<u>16-11077</u>	
36.	Proje	ected monthly Ch	apter 13 plan payme	ent			\$549.00		
	Offic	e of the United Sta	our district as stated o ates Courts (for distric e for United States Tru	ts in Alabama a	and North Carolin				
	spec		multipliers that include te instructions for this 's office.	•	-		x10 5	%	
	Aver	age monthly admi	nistrative expense				\$54.90	Copy total here	\$54.90
37.		all of the deducti	ons for debt payme r 36.	ıt.					\$939.66
Tota	al Ded	luctions from Inc	ome						
38.	Add	all of the allowed	l deductions.						
	Сору	/ line 24, All of the	e expenses allowed ur	nder IRS expen	se allowances		\$6,234.60		
	Сору	line 32, All of the	additional expense o	leductions			\$0.00		
	Сору	line 37, All of the	e deductions for debt p	payment		·	\$939.66		
	Total	deductions					\$7,174.26	Copy total here	\$7,174.26
	t 2:		Your Disposable			•)(2)		
39.		-	nt monthly income for rrent Monthly Incom			-			\$5,434.70
40.	The disab	monthly average oblity payments for received in accord	necessary income y of any child support pa a dependent child, re ance with applicable r to be expended for su	lyments, foster ported in Part 1 nonbankruptcy	care payments, of Form 122C-1,	or	dren.		
41.	your plans	employer withheld s, as specified in 1	rement deductions. I from wages as contri 1 U.S.C. § 541(b)(7) pas specified in 11 U.S.	butions for qua plus all required	alified retirement d repayments of l		\$0.00		
42.			s allowed under 11 L			→	\$7,174.26		
43.	expe circu	nses and you hav mstances and the	circumstances. If see no reasonable alternir expenses. You mustial circumstances and	native, describe st give your cas	e the special se trustee a detail	ed			
	Des	scribe the specia	I circumstances	Ar	mount of expens	е			
				+	·				
				Total	\$0.00	Copy	+\$0.00		

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Debtor	1	Caroly		Sonja	Pehrson	Case nu	mber (if known)	<u>16-11077</u>	,
45.	Calcu	late you	nents. A	ly disposable incom	Last Name 3 e under § 1325(b)(2). So		\$7,174.26 ne 39.	Copy here	- <u>\$7,174.26</u> (\$1,739.56)
	Chanç virtuall inform	ge in inc ly certain ation be in the se	come or n to char low. For	nge after the date you example, if the wage	ome in Form 122C-1 or the filed your bankruptcy peties reported increased after wages increased, fill in wages	tion and during the tir	ne your case wil n, check 122C-1	l be open, in the first	fill in the column, enter
	Forn	n	Line	Reason for change		Date of cha	_	rease or crease?	Amount of change
		122C-1 122C-2						Increase Decrease	
	_	122C-1 122C-2						Increase Decrease	
	_	122C-1 122C-2						Increase Decrease	
	ш	122C-1 122C-2						Increase Decrease	
Part	4:	Sign	Below	1					
	By sig	ning her	e, under	penalty of perjury you	declare that the informat	ion on this statement	and in any attac	chments is	true and correct.
				son, Debtor 1		XSignature of De	btor 2		
	Da	te 9/30	0/2016 / DD / YY	///		Date	/ YYYY	_	